RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS)
For FY 2006 Clinical Measures
(BGP)

Administrator Manual

Version 6.1
June 2006

Office of Information Technology
Albuquerque, New Mexico

PREFACE

This manual contains the administrator manual for the CRS Clinical Reporting System version 6.1, which adds FY 2006 clinical performance measures to existing FY 2002 through FY 2005 measures.

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental measures. CRS was first released for FY 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA measures include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures. Administrative and clinical users will be able to review individual or all measures at any time, and can:

- identify potential data issues in their RPMS, i.e., missing or incorrect data;
- monitor their site's performance against past national performance and upcoming agency goals;
- identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes;
- quickly measure impact of process changes on performance measures;
- identify areas meeting or exceeding measures to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA measure definition was "translated" into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more denominators and numerators defined.

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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1.0 About This Manual

This manual provides the performance measure logic for the CRS Clinical Reporting System version 6.1 (FY 2006 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the User Manual.

2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

- Topic or measure description; for GPRA measures, the description is taken from the IHS Annual Performance Report to Congress;

- Definitions of all denominators and numerators for each performance measure topic;

- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for.

- Key changes to logic from previous year, if any.

- Description of which patients and information are contained on the patient list;

- Past IHS performance, if any, and IHS or HP 2010 targets for the performance measure;

- Report example; and

- Patient list example.

> **NOTE:** All report examples and patient list examples used in this section were produced from "scrubbed" demo databases and do not represent individual patient data.

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For Selected Measures reports for local use (User Manual, section 5.1.2), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

2.1.1.1   Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for <u>most</u> GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it was felt to be more representative of the active clinical population. **In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population.**

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency IHS User Population definition (see below).

Active Clinical population for national GPRA reporting is defined as by the following criteria:

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. This data item is entered and updated during the patient registration process.

- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user. See the User Manual, section 4.1 for additional information about setting up Community Taxonomies.

- Must be alive on the last day of the Report period.

- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

02	Cardiac	32	Postpartum
03	Chest And TB	37	Neurology
05	Dermatology	38	Rheumatology
07	ENT	49	Nephrology
08	Family Planning	50	Chronic Disease
16	Obstetrics	69	Endocrinology
19	Orthopedic	75	Urology
23	Surgical	81	Men's Health Screening
25	Other	85	Teen Clinic
26	High Risk	88	Sports Medicine
27	General Preventive	B8	Gastroenterology - Hepatology
31	Hypertension	B9	Oncology - Hematology

Two measures on the National GPRA report use a broader denominator definition: Diabetes Prevalence and Access to Dental Services use the GPRA User Population denominator.

Active Clinical CHS Population for national GPRA reporting is defined as:

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.

- Must be alive on the last day of the Report period.

- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

GPRA User Population for national GPRA reporting is defined as:

- First four definitions from Active Clinical population above, and

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

> **NOTE:** The GPRA User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ.

2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPRA report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance

improvement initiatives (User Manual, section 5.1.2). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Section 2.2 provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

Active Clinical Population for Selected Measures (Local) Reports is defined as follows:

- *(Same as national GPRA reporting)* Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- *(Same as national GPRA reporting)* Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See section 2.1.1.1 for details about medical clinics.

- *(Same as national GPRA reporting)* Must be alive on the last day of the Report period.

- User defines population type: AI/AN patients only, non AI/AN or both.

- User defines general population: single community of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.7 for detailed instructions as to making these selections.)

Active Clinical CHS Population for Selected Measures (Local) Reports is defined as follows:

- *(Same as national GPRA reporting)* Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- *(Same as national GPRA reporting)* Must have 2 CHS visits in the 3 years prior to the end of the Report Period.

- *(Same as national GPRA reporting)* Must be alive on the last day of the Report period.

- User defines population type: AI/AN patients only, non AI/AN or both.

- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

GPRA User Population for Selected Measures (Local) reports is defined as follows:

- *(Same as national GPRA reporting)* Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- *(Same as national GPRA reporting)* Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

- *(Same as national GPRA reporting)* Must be alive on the last day of the Report period.

- User defines population type: AI/AN patients only, non AI/AN or both.

- User defines general population: single community of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.7 for detailed instructions as to making these selections.)

2.1.2 Logic Example

The GPRA measure example used above was Cancer Screening: Pap Smear Rates: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

For CRS, the GPRA measure definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the performance measure has determined based on current medical guidelines that "eligible" women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the performance measure): patients with documented Pap smear or refusal in past three years.

For the programmer, the Pap smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see the User Manual, section 3.2.3.1).

   a. Exclude any patients with the name of "DEMO,PATIENT".

   b. Exclude any patients with a date of death in the Patient Registration file.

   c. Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.

d. Exclude any patients whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.

e. For the remaining patients, search visit files for the three years prior to the selected Report end date. Exclude any patients whose visits do not meet the "2 medical clinics" definition <u>OR</u> for facilities with the CHS-Only site parameter set to "Yes", exclude any patients who do not have 2 CHS visits in the past 3 years.

2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period.

3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.9 or V CPT for CPT codes 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, or 59135 any time before the end of the Report period.

4. For these patients (the denominator), check for a pap smear in the following order:

   - V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, OR

   - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR

   - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients. or V76.49 Pap Smear for Women w/o a Cervix, OR

   - V Procedures is checked for a procedure of 91.46, OR

   - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR

   - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR

   - Refusals file is checked for Lab Test Pap Smear in the <u>past year</u>.

   If a visit with any of the codes above is found, the patient is considered to have met the measure, and the program checks the next patient.

2.1.3 Age Ranges

For the purposes of CRS reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report period.

2.1.4 Standard Health Care Codes

2.1.4.1   CPT Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

2.1.4.2   ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

2.1.4.3   LOINC

Standard code sets are used to standardize data and mitigate variations in local terminologies for lab and other healthcare procedures, allowing for comparison and analysis. Logical Observations, Identifiers, Names, and Codes (LOINC) is a standard coding system originally initiated for Laboratory values. The system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.).

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; as of May 2006, approximately 94 sites had converted to LOINC codes for their lab tests. CRS software began to incorporate LOINC codes into its logic for the new measures included in version 2.1. Beginning in CRS version 3.0, LOINC taxonomies have been included for all appropriate measures.

Sites interested in converting their lab tests to LOINC codes should contact the RPMS Lab User Support Team via the OIT Support Center; (888) 830-7280 (toll free) or (505) 248-4371 if in Albuquerque, NM or surrounding area or email support@ihs.gov.

See CRS Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

2.2 Diabetes Related Measure Topics

2.2.1 Diabetes Prevalence

Measure Description: During FY 2006, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Denominator:

All User Population patients, broken down by gender and age groups (<15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs).

Numerators:

Anyone diagnosed with Diabetes (at least one diagnosis 250.00-250.93 recorded in the V POV file) *at any time* before the end of the Report period.

Anyone diagnosed with Diabetes *during* the Report period.

Logic Description: Age is calculated at the beginning of the Report period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in V POV file.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: A list of all patients diagnosed with Diabetes, the date of the most recent DM diagnosis, and the DM diagnosis code.

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SK                              May 03, 2006                        Page 1
                    *** IHS 2006 Clinical Performance Report ***
                               DEMO HOSPITAL
                    Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------
Diabetes Prevalence

Denominator(s):
All User Population users.  Breakdown by gender and by age groups: <15,
15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

Numerator(s):
Anyone diagnosed with Diabetes at any time before the end of the Report
period.
Anyone diagnosed with Diabetes during the Report Period.

Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in
the V POV file.

During FY 2006, continue tracking (i.e., data collection and analyses)
Area age-specific diabetes prevalence rates to identify trends in the
age-specific prevalence of diabetes (as a surrogate marker for diabetes
incidence) for the AI/AN population.

IHS Performance:   FY 2005 - 11.0%, FY 2004 - 10.0%

                    REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop          2,286         2,260                   2,235

# w/ any DM DX        230  10.1      217   9.6     +0.5      189  8.5     +1.6
# w/ DM DX
 w/in past year      169   7.4      158   7.0     +0.4      156  7.0     +0.4

# Male User Pop     1,077         1,050                   1,048

# w/ any DM DX         93   8.6       91   8.7     -0.0       76  7.3     +1.4
# w/DM DX
 w/in past year       70   6.5       69   6.6     -0.1       64  6.1     +0.4

# Female User Pop   1,209         1,210                   1,187

# w/ any DM DX        137  11.3      126  10.4     +0.9      113  9.5     +1.8
# w/ DM DX
 w/in past year       99   8.2       89   7.4     +0.8       92  7.8     +0.4
```

Figure 2-1: Sample Summary Report, Diabetes Prevalence Topic

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SK                           May 03, 2006                        Page 2
                  *** IHS 2006 Clinical Performance Report ***
                             DEMO HOSPITAL
                Report Period: Jan 01, 2003 to Dec 31, 2003
             Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
               Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Age Specific Diabetes Prevalence


                       TOTAL USER POPULATION
                           Age Distribution
                  <15   15-19  20-24  25-34  35-44  45-54  55-64  >64 yrs

CURRENT REPORT PERIOD
Total # User Pop    739    239    178    303    300    204    152    171
# w/ DM DX ever       2      1      2     19     37     49     50     70
% w/ DM DX ever     0.3    0.4    1.1    6.3   12.3   24.0   32.9   40.9

# w/DM DX in past yr    1      1      1     15     22     35     44     50
% w/DM DX in past yr  0.1    0.4    0.6    5.0    7.3   17.2   28.9   29.2

PREVIOUS YEAR PERIOD
Total # User Pop    751    224    162    317    300    192    146    168
# w/ DM DX ever       2      0      4     22     35     47     40     67
% w/ DM DX ever     0.3    0.0    2.5    6.9   11.7   24.5   27.4   39.9

# w/DM DX in past yr    1      0      2     14     23     35     33     50
% w/DM DX in past yr  0.1    0.0    1.2    4.4    7.7   18.2   22.6   29.8

CHANGE FROM PREV YR %
w/ DM DX ever      +0.0   +0.4   -1.3   -0.7   +0.7   -0.5   +5.5   +1.1
w/DM DX in past yr +0.0   +0.4   -0.7   +0.5   -0.3   -1.1   +6.3   -0.5

BASELINE REPORT PERIOD
Total # User Pop    782    222    172    308    288    172    136    155
# w/ DM DX ever       1      0      7     18     38     32     38     55
% w/ DM DX ever     0.1    0.0    4.1    5.8   13.2   18.6   27.9   35.5

# w/DM DX in past yr    0      0      5     14     33     25     33     46
% w/DM DX in past yr  0.0    0.0    2.9    4.5   11.5   14.5   24.3   29.7

CHANGE FROM BASE YR %
w/ DM DX ever      +0.1   +0.4   -2.9   +0.4   -0.9   +5.4   +5.0   +5.5
w/DM DX in past yr +0.1   +0.4   -2.3   +0.4   -4.1   +2.6   +4.7   -0.4
```

Figure 2-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
  SK                              May 03, 2006                          Page 2

            ***  FY06 Clinical Performance Measure Patient List  ***
                              DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
                           Entire Patient List


-------------------------------------------------------------------------------
Diabetes Prevalence: List of diabetic patients with most recent diagnosis
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,MARJORIE        000001 COMMUNITY #1   F  12  UP          01/20/99 250.01
PATIENT,GRACE           000002 COMMUNITY #1   F  14  UP          12/10/03 250.00
PATIENT,TSOSIE          000003 COMMUNITY #1   F  25  UP          08/19/99 250.00
PATIENT,LUCILLE         000004 COMMUNITY #1   F  26  UP          12/08/03 250.03
PATIENT,SELINA          000005 COMMUNITY #1   F  27  UP          07/01/03 250.00
PATIENT,BONNIE          000006 COMMUNITY #1   F  28  UP          12/19/01 250.00
```

Figure 2-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

2.2.2 Diabetes Comprehensive Care

Measure Description: Increase the proportion of diabetic patients who receive all appropriate assessments.

Denominator:

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerators:

Patients with hemoglobin A1c documented during the Report Period, regardless of result.

Patients with Blood Pressure documented during the Report Period.

Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

Patients with LDL completed during the Report Period, regardless of result.

Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam.

Patients with documented A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND diabetic foot exam.

Logic Description: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. **A1c definition:** Counts most recent A1c test during the Report period, defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. **BP documented definition:** Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. **Controlled BP definition:** CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. **LDL definition:** Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. **Nephropathy assessment definition:** CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "M", "m", "L", "l", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044, 83518, or 84166 AND 81050. LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMINURIA TAX or DM AUDIT A/C RATIO TAX. End Stage Renal Disease defined as: ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925. **Qualified retinal evaluation* is defined as:** (1) diabetic retinal exam or documented refusal or (2) other eye exam. Diabetic retinal exam defined as: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam or Refusal Exam 03. Other Eye Exam defined as: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or qualifying* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014, 92015; POV V72.0. *Qualified retinal evaluation: The following methods are qualified for this measure:

- Dilated retinal examination by an optometrist or ophthalmologist
- 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist

- Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel

Diabetic foot exam defined as: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), or 4) documented refusal of foot exam (Exam Code 28).

Key Logic Changes from CRS Version 6.0:
1. Added new numerators for diabetic foot exam and controlled blood pressure.
2. Added ESRD to numerator definition for nephropathy assessment
3. Added CPTs 83518 and 84166/81050 (requires both codes) to microalbuminuria definition for nephropathy assessment.
4. Added POV code V72.0 to logic for Other Eye Exam for retinopathy exam
5. Added diabetic foot exam to all assessments numerator..

Patient List Description: List of diabetic patients with documented tests, if any.

Measure Target: TBD

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SK                          May 03, 2006                        Page 7
                  *** IHS 2006 Clinical Performance Report ***
                              DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes Comprehensive Care


                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts    155          149                     114

# w/A1c done
 w/ or w/o result      129  83.2    109  73.2    +10.1     96  84.2    -1.0
# w/ BPs documented    152  98.1    136  91.3     +6.8    107  93.9    +4.2
# w/Controlled BP
 <130/80                58  37.4     49  32.9     +4.5     40  35.1    +2.3
# w/ LDL done           61  39.4      1   0.7    +38.7     12  10.5   +28.8
# w/pos urine protein/
 any microalbuminuria or
 w/ESRD                 90  58.1     21  14.1    +44.0      1   0.9   +57.2
# w/Retinal Evaluation
 or refusal             89  57.4     92  61.7     -4.3     61  53.5    +3.9
# w/Diabetic Foot Exam
 or refusal             32  20.6     28  18.8     +1.9     44  38.6   -18.0
# w/ All                 8   5.2      0   0.0     +5.2      0   0.0    +5.2
```

Figure 2-4: Sample Summary Report, Diabetes Comprehensive Care Topic

```
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            ***  FY06 Clinical Performance Measure Patient List  ***
                              DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
                             Entire Patient List


--------------------------------------------------------------------------------
Diabetes Comprehensive Care: List of Diabetic patients with documented
tests, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,RACHEL          000021 COMMUNITY #1   F  89  AD          hgb: 03/13/03
7.3;BPs: 155/66 UNC;POS/M: 11/14/03 1+;EYE: 03/13/03 CPT 92014
PATIENT,MURPHY          000022 COMMUNITY #1   M  23  *all*AD     hgb: 12/23/03
6.7;BPs: 141/74 UNC;LDL: 12/24/03 ;POS/M: 12/23/03 ;EYE: 12/23/03 Cl: A2
PATIENT,DERRICK         000023 COMMUNITY #1   M  26  AD          A1c: 11/12/03
10.3;BPs: 136/91 UNC;LDL: 11/12/03 ;EYE: 10/14/03 Cl: 18;FOOT EXAM: 11/12/03 Diab Foot
Ex
PATIENT,HENRY          000024 COMMUNITY #1   M  31  AD          hgb: 12/08/03
6.3;BPs: 124/73 CON;POS/M: 09/03/03 ;EYE: 03/11/03 CPT 92014
```

Figure 2-5: Sample Patient List, Diabetes Comprehensive Care

2.2.3 Diabetes: Glycemic Control

GPRA Measure Description, Poor Glycemic Control: During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5) does not increase above the FY 2005 level.

GPRA Measure Description, Ideal Glycemic Control: During FY 2006, increase to 32.0% the proportion of patients with diagnosed diabetes with ideal glycemic control (defined as A1c < 7).

Denominators:

All User Population patients diagnosed with diabetes prior to the Report Period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerators:

Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.

Very Poor Control. Patients with A1c equal to or greater than (=>) 12.

Poor Control. Patients with A1c greater than (>) 9.5 or less than (<) 12.

GPRA Numerator: Total of Poor and Very Poor Control, patients with A1c greater than (>) 9.5).

Fair Control. Patients with A1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control.   Patients with A1c equal to or greater than (=>) 7 and less than (<) 8.

GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.

Without Result. Patients with A1c documented but no value.

Logic Description: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. Counts most recent A1c test during the Report Period. A1c defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

	CPT Codes	LOINC Codes[1]	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		Yes	DM AUDIT CREATININE TAX
A1c	83036	Yes	DM AUDIT HGB A1C TAX

Key Logic Changes from CRS Version 6.0: Revised GPRA 2006 target from "maintain" to a national rate of 32% (FY05 rate was 30%).

Patient List Description: List of diabetic patients with most recent A1c value, if any.

Measure Source: IHS Diabetes Standards of Care

---

[1] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

GPRA Measure Past Performance and Targets:

Hemoglobin A1c Documented:

IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
HP 2010 Goal	*50.0%*

Poor Glycemic Control:

IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

Ideal Glycemic Control:

IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
IHS 2010 Goal	*40.0%*

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--------------------------------------------------------------------------------
Diabetes: Glycemic Control


                      REPORT     %    PREV YR    %   CHG from  BASE       %   CHG from
                      PERIOD          PERIOD         PREV YR % PERIOD         BASE %

User Pop w/ DM DX
prior to report
end date               208            206                      157

# w/A1c done w/
 or w/o result         131  63.0      109  52.9    +10.1      97  61.8       +1.2
# w/A1c =>12             7   3.4        4   1.9     +1.4       9   5.7       -2.4
# w/A1c >9.5
 and <12               30  14.4       18   8.7     +5.7      20  12.7       +1.7
# w/A1c =>8
 and =<9.5             25  12.0       25  12.1     -0.1      16  10.2       +1.8
# w/A1c=>7
 and <8               18   8.7       19   9.2     -0.6       9   5.7       +2.9
# w/A1c <7            44  21.2       19   9.2    +11.9      27  17.2       +4.0
# w/A1c
 w/o Result            7   3.4       24  11.7     -8.3      16  10.2       -6.8

Active Diabetic Pts
(GPRA)                155            149                      114

# w/A1c done w/
 or w/o result        129  83.2      109  73.2    +10.1      96  84.2       -1.0
# w/A1c
 > 9.5 (GPRA)          37  23.9       22  14.8     +9.1      29  25.4       -1.6
# w/A1c =>12            7   4.5        4   2.7     +1.8       9   7.9       -3.4
# w/A1c >9.5
 and < 12             30  19.4       18  12.1     +7.3      20  17.5       +1.8
# w/A1c =>8
 and =<9.5            25  16.1       25  16.8     -0.6      15  13.2       +3.0
# w/A1c=>7
 and <8              18  11.6       19  12.8     -1.1       9   7.9       +3.7
# w/A1c <7
 (GPRA)              43  27.7       19  12.8    +15.0      27  23.7       +4.1
# w/A1c
 w/o Result           6   3.9       24  16.1    -12.2      16  14.0      -10.2

Active Adult Diabetic
Patients             126            112                       97

# w/A1c done w/
 or w/o result       117  92.9      100  89.3     +3.6      92  94.8       -2.0
# w/A1c =>12           7   5.6        4   3.6     +2.0       9   9.3       -3.7
# w/A1c >9.5
 and <12             30  23.8       17  15.2     +8.6      20  20.6       +3.2
# w/A1c =>8
 and =<9.5           24  19.0       25  22.3     -3.3      15  15.5       +3.6
# w/A1c =>7
 and <8              18  14.3       19  17.0     -2.7       9   9.3       +5.0
# w/A1c <7           34  27.0       15  13.4    +13.6      25  25.8       +1.2
# w/A1c
 w/o Result           4   3.2       20  17.9    -14.7      14  14.4      -11.3
```

Figure 2-6: Sample Report, Diabetes: Glycemic Control Topic

```
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            ***   FY06 Clinical Performance Measure Patient List   ***
                             DEMO HOSPITAL
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                            Entire Patient List


--------------------------------------------------------------------------------
Diabetes: Glycemic Control: List of diabetic Patients with most recent
A1c value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,RACHEL          000021 COMMUNITY #1  F  89  UP,AD,AAD   03/13/03 7.3
PATIENT,MURPHY          000022 COMMUNITY #1  M  23  UP,AD,AAD   12/23/03 6.7
PATIENT,DERRICK         000023 COMMUNITY #1  M  26  UP,AD
PATIENT,HENRY           000024 COMMUNITY #1  M  31  UP,AD,AAD   12/08/03 6.3
PATIENT,DALTON          000025 COMMUNITY #1  M  32  UP
PATIENT,LYMAN AARON     000026 COMMUNITY #1  M  33  UP,AD
PATIENT,STUART          000027 COMMUNITY #1  M  35  UP,AD,AAD   04/03/03 13.7
```

Figure 2-7: Sample Patient List, Diabetes: Glycemic Control

2.2.4 Diabetes: Blood Pressure Control

GPRA Measure Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.

Denominators:

All User Population patients diagnosed with diabetes prior to the Report Period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerators:

Patients with Blood Pressure documented during the Report Period.

GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

Patients with BP that is not controlled.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled..

CRS uses the following definition:

	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		Yes	DM AUDIT CREATININE TAX

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of diabetic patients with mean BP, if any.

Measure Source: IHS Diabetes Standards of Care.

GPRA Measure Past Performance and Targets for Blood Pressure Control:

IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
IHS 2010 Goal	*50.0%*

```
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-------------------------------------------------------------------------------


Diabetes:  Blood Pressure Control (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period     208           206                     157

# w/ BPs
 Documented          169  81.3     153  74.3    +7.0       118  75.2    +6.1
# w/controlled BP
 < 130/80             66  31.7      59  28.6    +3.1        47  29.9    +1.8
# w/Not controlled
 BP                  103  49.5      94  45.6    +3.9        71  45.2    +4.3


Active Diabetic Pts
(GPRA)               155           149                     114

# w/ BPs
 Documented          152  98.1     136  91.3    +6.8       107  93.9    +4.2
# w/Controlled BP
 < 130/80
 (GPRA)               58  37.4      49  32.9    +4.5        40  35.1    +2.3
# w/Not controlled
 BP                   94  60.6      87  58.4    +2.3        67  58.8    +1.9


Active Adult Diabetic
Patients             126           112                      97

# w/ BPs
 Documented          125  99.2     109  97.3    +1.9        95  97.9    +1.3
# w/Controlled BP
 < 130/80             47  37.3      38  33.9    +3.4        37  38.1    -0.8
# w/Not controlled
 BP                   78  61.9      71  63.4    -1.5        58  59.8    +2.1
```

Figure 2-8: Sample Report, Diabetes: Blood Pressure Control Topic

```
Diabetes: Blood Pressure Control: List of Diabetic Patients with mean BP,
if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME           HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
---------------------------------------------------------------------------
PATIENT,RACHEL         000021 COMMUNITY #1   F  89  UP,AD,AAD   155/66 UNC
PATIENT,MURPHY         000022 COMMUNITY #1   M  23  UP,AD,AAD   141/74 UNC
PATIENT,DERRICK        000023 COMMUNITY #1   M  26  UP,AD       157/98 UNC
PATIENT,HENRY          000024 COMMUNITY #1   M  31  UP,AD,AAD   124/73 CON
PATIENT,DALTON         000025 COMMUNITY #1   M  32  UP          163/89 UNC
PATIENT,LYMAN AARON    000026 COMMUNITY #1   M  33  UP,AD       131/85 UNC
PATIENT,STUART         000027 COMMUNITY #1   M  35  UP,AD,AAD   118/73 CON
PATIENT,EMERSON        000028 COMMUNITY #1   M  35  UP          unknown
```

Figure 2-9: Sample Patient List, Diabetes: Blood Pressure Control

2.2.5 Diabetes: Lipids Assessment

GPRA Measure Description: During FY 2006, increase to 56.0% the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).

Denominators:

All User Population patients diagnosed with diabetes prior to the Report Period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerators:

Patients who have had either a LIPID PROFILE or an LDL, an HDL and Triglyceride (TG) (all three) during the Report Period.

GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.

Patients with LDL results less than (<) 130.

  A: Patients with LDL results less than or equal to (<=) 100.

  B: Patients with LDL results 101-129.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done during the Report Period.

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		Yes	DM AUDIT CREATININE TAX
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

Key Logic Changes from CRS Version 6.0: Revised GPRA 2006 target from "increase" to 56% (FY05 rate was 53%).

Patient List Description: List of diabetic patients with documented lipids assessment, if any. Lipid Profile (Panel) is indicated by "LP;" the date of most recent LDL tests is listed, with the value, if any.

Measure Source: IHS Diabetes Standards of Care.

Measure Past Performance and Targets:

IHS FY 2005 Performance	53.0%
IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
HP 2010 Goal	*70.0%*

```
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--------------------------------------------------------------------------------


Diabetes:  Lipids Assessment (con't)

                      REPORT     %    PREV YR    %   CHG from  BASE      %   CHG from
                      PERIOD          PERIOD         PREV YR % PERIOD        BASE %

User Pop w/ DM DX prior
to report period       208             206                    157

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded              72  34.6         2   1.0     +33.6     41  26.1      +8.5
# w/ LDL done          63  30.3         1   0.5     +29.8     12   7.6     +22.6
# w/LDL <130            3   1.4         1   0.5      +1.0      9   5.7      -4.3
A. # w/LDL =<100        1   0.5         0   0.0      +0.5      3   1.9      -1.4
B. # w/LDL 101-129      2   1.0         1   0.5      +0.5      6   3.8      -2.9

Active Diabetic Pts
(GPRA)                 155             149                    114

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded              70  45.2         2   1.3     +43.8     40  35.1     +10.1
# w/ LDL done
 (GPRA)                61  39.4         1   0.7     +38.7     12  10.5     +28.8
# w/LDL <130            3   1.9         1   0.7      +1.3      9   7.9      -6.0
A. # w/LDL =<100        1   0.6         0   0.0      +0.6      3   2.6      -2.0
B. # w/LDL 101-129      2   1.3         1   0.7      +0.6      6   5.3      -4.0

Active Adult Diabetic
Patients              126             112                     97

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded              61  48.4         2   1.8     +46.6     40  41.2      +7.2
# w/ LDL done          52  41.3         1   0.9     +40.4     12  12.4     +28.9
# w/LDL <130            2   1.6         1   0.9      +0.7      9   9.3      -7.7
A. # w/LDL =<100        1   0.8         0   0.0      +0.8      3   3.1      -2.3
B. # w/LDL 101-129      1   0.8         1   0.9      -0.1      6   6.2      -5.4
```

Figure 2-10: Sample Report, Diabetes: Lipid Assessment

```
Diabetes: Lipids Assessment: List of diabetic patients with documented lipids
assessment, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,MARJORIE          000001 COMMUNITY #1   F  12  UP,AD         LP: 12/05/03 LOINC ;
PATIENT,GRACE             000002 COMMUNITY #1   F  14  UP,AD
PATIENT,TSOSIE            000003 COMMUNITY #1   F  25  UP            TRI:07/15/03
HDL:07/15/03 LDL:07/15/03 ; LDL DONE: 07/15/03
PATIENT,LUCILLE           000004 COMMUNITY #1   F  26  UP,AD         LDL DONE: 12/04/03
115
PATIENT,SELINA            000005 COMMUNITY #1   F  27  UP,AD
PATIENT,BONNIE            000006 COMMUNITY #1   F  28  UP
```

Figure 2-11: Sample Patient List, Diabetes: Lipids Assessment

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description: During FY 2006, increase to 50.0% the proportion of patients with diagnosed diabetes assessed for nephropathy.

Denominators:

All <u>User Population patients</u> diagnosed with diabetes prior to the Report Period.

GPRA Denominator: <u>Active Diabetic patients</u>, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

<u>Active Adult Diabetic patients</u>, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerators:

GPRA Numerator: Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Patients with Estimated GFR with result during the Report Period.

Patients who have had 1) positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period, AND 2) an Estimated GFR with result during the Report period.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. For microalbuminuria and positive urine protein, CRS

searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. End Stage Renal Disease defined as: ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925.

Positive value for urine protein is defined as:
- First character of result is "P", "p", "M", "m", "L", "l", "S", or "s".
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Microalbuminuria	82043, 82044, 83518, or 84166 AND 81050	Yes	DM AUDIT MICROALBUMINURIA TAX, DM AUDIT A/C RATIO
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 6.0:

1. Revised GPRA 2006 target from "increase" to 50% (FY05 rate was 47%).
2. Added CPT codes to microalbuminuria definition.
3. Included patients diagnosed with ESRD in numerator (i.e. meeting the measure).

Patient List Description: List of patients with denominator identified, tests & values if any. Urine Protein is indicated by "U."

Measure Source: IHS Diabetes Standards of Care.

Measure Past Performance and Targets:

IHS FY 2005 Performance	47.0%
IHS FY 2004 Performance	42.0%
IHS FY 2003 Performance	37.5%
IHS FY 2002 Performance	35.0%
IHS 2010 Goal	*70.0%*

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              Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------


Diabetes: Nephropathy Assessment

                     REPORT    %   PREV YR   %  CHG from  BASE    %  CHG from
                     PERIOD        PERIOD       PREV YR % PERIOD      BASE %

User Pop w/ DM DX prior
to Report Period     208           206                    157

# w/pos urine protein
 or any microalbuminuria
 or w/ESRD           91   43.8      24  11.7   +32.1       1   0.6   +43.1
# w/est GFR
 with result         37   17.8       0   0.0   +17.8       0   0.0   +17.8
# w/both urine protein/
 micro/ESRD
 AND GFR             24   11.5       0   0.0   +11.5       0   0.0   +11.5


Active Diabetic Pts
(GPRA)               155           149                    114

# w/pos urine protein or
 any microalbuminuria or
 w/ESRD (GPRA)       90   58.1      21  14.1   +44.0       1   0.9   +57.2
# w/est GFR
 with result         37   23.9       0   0.0   +23.9       0   0.0   +23.9
# w/both urine protein/
 micro/ESRD
 AND GFR             24   15.5       0   0.0   +15.5       0   0.0   +15.5


Active Adult Diabetic
Patients             126           112                     97

# w/pos urine protein
 or any microalbuminuria
 or w/ESRD           79   62.7      16  14.3   +48.4       1   1.0   +61.7
# w/est GFR
 with result         30   23.8       0   0.0   +23.8       0   0.0   +23.8
# w/both urine protein/
 micro/ESRD
 AND GFR             20   15.9       0   0.0   +15.9       0   0.0   +15.9
```

Figure 2-12: Sample Report, Diabetes: Nephropathy Assessment

```
Diabetes: Nephropathy Assessment: List of patients with denominator
identified, tests & values if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
---------------------------------------------------------------------------
PATIENT,KAYLIA          000010 COMMUNITY #2   F  29  UP          01/11/02 ESRD
PATIENT,ANNA            000011 COMMUNITY #2   F  47  UP,AD,AAD   12/10/03 A/C RATIO
GFR
PATIENT,LAVERNE         000012 COMMUNITY #2   F  53  UP
PATIENT,LAURA Y         000013 COMMUNITY #2   F  58  UP,AD,AAD   12/09/03 U 3+
PATIENT,FRANCES L       000014 COMMUNITY #2   F  70  UP
PATIENT,LOUTHILIA       000015 COMMUNITY #2   F  74  UP,AD,AAD   12/19/03 U 2+  GFR
PATIENT,VIRGIE          000016 COMMUNITY #2   F  74  UP,AD,AAD   06/15/03 U NEGATIVE
PATIENT,LEONA           000017 COMMUNITY #2   F  75  UP          08/08/03 U 2+
PATIENT,MAKAELA         000018 COMMUNITY #2   F  77  UP,AD,AAD   12/18/03 U 3+  GFR
```

Figure 2-13: Sample Patient List, Diabetes: Nephropathy Assessment

2.2.7 Diabetic Retinopathy

GPRA Measure Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.

> **NOTE:** The GPRA measure reported at the national level for FY 2006 now includes both pilot sites and all sites, as noted in the description above.

Denominators:

All User Population patients diagnosed with diabetes prior to the Report Period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerators:

GPRA Numerator: Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

A: Patients receiving diabetic retinal exam (or documented refusal) during the Report Period.

B: Patients receiving other eye exams during the Report Period.

Logic Description: DM AUDIT CREATININE TAX taxonomy is used for Active Adult Diabetic denominator.

CRS searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic Retinal Exam		
Diabetic retinal exam		**VExam:** 03
		Clinic code: A2
Other Eye Exam		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or qualifying* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel) *Qualified retinal evaluation: The following methods are qualified for this measure: - Dilated retinal examination by an optometrist or ophthalmologist - 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist - Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel		**Clinic codes:** 17, 18, 64
Non-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	**Provider codes:** 24, 79, 08 **POV code:** V72.0
Refusal of a diabetic retinal exam		**Refusals Exam:** 03

Key Logic Changes from CRS Version 6.0: Added POV code for Other Eye Exam definition.

Patient List Description: List of diabetic patients' eye exam status, if any.

Measure Source: IHS Diabetes Standards of Care.

Measure Targets:

IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%
IHS FY 2002 Performance	49.0%
IHS 2010 Goal	70.0%

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-------------------------------------------------------------------------------
Diabetic Retinopathy



                    REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period     208           206                    157

# w/Retinal Evaluation
 or refusal          91  43.8      96  46.6    -2.9       67  42.7     +1.1
A. # w/ DM Retinal exam
 or refusal          13   6.3      18   8.7    -2.5       26  16.6    -10.3
B. # w/Other
 Eye Exams           78  37.5      78  37.9    -0.4       41  26.1    +11.4

Active Diabetic Pts
(GPRA)               155           149                    114

# w/Retinal Evaluation
 or refusal (GPRA)   89  57.4      92  61.7    -4.3       61  53.5     +3.9
A. # w/ DM Retinal exam
 or refusal          13   8.4      18  12.1    -3.7       25  21.9    -13.5
B. # w/Other
 Eye Exams           76  49.0      74  49.7    -0.6       36  31.6    +17.5

Active Adult Diabetic
Patients             126           112                     97

# w/Retinal Evaluation
 or refusal          79  62.7      77  68.8    -6.1       56  57.7     +5.0
A. # w/ DM Retinal exam
 or refusal          13  10.3      17  15.2    -4.9       24  24.7    -14.4
B. # w/Other
 Eye Exams           66  52.4      60  53.6    -1.2       32  33.0    +19.4
```

Figure 2-14: Sample Report, Diabetic Retinopathy

```
Diabetic Retinopathy: List of diabetic patients' eye exam status, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,JIMMIE            000100 COMMUNITY #2   M  68  UP,AD,AAD  06/25/03 CPT 92014
PATIENT,GEORGE            000101 COMMUNITY #2   M  70  UP         07/01/03 Cl: 18
PATIENT,JEFFREY           000102 COMMUNITY #2   M  72  UP,AD,AAD
PATIENT,JEFFERSON         000103 COMMUNITY #2   M  78  UP,AD,AAD  05/20/03 CPT 92015
PATIENT,GARY              000104 COMMUNITY #2   M  80  UP,AD,AAD
PATIENT,GEORGE A          000105 COMMUNITY #2   M  86  UP,AD,AAD
PATIENT,PEARL             000001 COMMUNITY #3   F  25  UP,AD,AAD
PATIENT,KESHAW LYNN       000002 COMMUNITY #3   F  27  UP,AD,AAD
PATIENT,SHANOWA LYNN      000003 COMMUNITY #3   F  31  UP,AD,AAD  06/26/03 Diab Eye Ex
PATIENT,TYA D             000004 COMMUNITY #3   F  36  UP
PATIENT,LORINDA MAE       000005 COMMUNITY #3   F  42  UP,AD,AAD  10/23/03 Cl: A2
```

Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 Diabetes: Access to Dental Services

Measure Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2005 level.

Denominator:

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerators:

Patients with documented dental visit during the Report period, including refusals in past year.

　　A: Patients with documented refusal.

Logic Description: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of diabetic patients and documented dental visit or refusal, if any.

Measure Past Performance and Targets:

IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
HP 2010 Goal	*75.0%*

Performance Improvement Tip:

1. If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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Diabetes:  Access to Dental Services

Denominator(s):
Active Diabetic patients, defined as all Active Clinical patients
diagnosed with diabetes prior to the Report Period, AND at least 2 visits
during the Report Period, AND 2 DM-related visits ever

Numerator(s):
Patients with documented dental visit during the Report period, including
refusals in past year.
A: Patients with documented refusal.

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190
or VExam 30 or Refusal Exam 30.  For CHS dental visits, searches for any
visit with an ADA code.  CHS visit defined as Type code of C in Visit
file.

During FY 2006, maintain the proportion of patients with diagnosed
diabetes who obtain access to dental services at the FY 2005

IHS Performance: FY 2005 - 39.0%, FY 2004 - 37.0%, FY 2003 - 36%; HP 2010
Goal: 75%

                    REPORT     %    PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD          PERIOD         PREV YR % PERIOD       BASE %

Active Diabetic Pts    155          149                       114


# w/dental visit
 in past yr            34  21.9      38  25.5    -3.6     22  19.3     +2.6
A. # Refusals w/ % of Total
 Dental Visits          2   5.9       0   0.0    +5.9      0   0.0     +5.9
```

Figure 2-16: Sample Report, Diabetes and Dental Access

```
Diabetes:  Access to Dental Services: List of diabetic patients and
documented dental visit or refusal, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LAUREN            000200 COMMUNITY #1   F  45  AD
PATIENT,BROOKE            000201 COMMUNITY #1   F  45  AD
PATIENT,JERALDINE         000202 COMMUNITY #1   F  46  AD            01/01/03 DENTAL EXAM
PATIENT,NELTA             000203 COMMUNITY #1   F  46  AD
PATIENT,CARLA A           000204 COMMUNITY #1   F  49  AD            01/15/03 CHS VISIT
ADA 0150
PATIENT,RENA              000205 COMMUNITY #1   F  50  AD
PATIENT,ROXANNE           000206 COMMUNITY #1   F  52  AD
PATIENT,JANICE            000207 COMMUNITY #1   F  53  AD            11/14/03 ADA 0190
```

Figure 2-17: Sample Patient List, Diabetes and Dental Access

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description: During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.

Denominator:

GPRA Denominator: All patients in the User Population.

Numerators:

GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.

    A: Patients with documented refusal.

Logic Description: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients with documented dental visit or refusal and date.

Measure Past Performance and Targets:

IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
IHS 2010 Goal	*40.0%*

Performance Improvement Tip:

1. If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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-------------------------------------------------------------------------------
Access to Dental Services

Denominator(s):
GPRA Denominator:  All patients in the User Population.

Numerator(s):
GPRA Numerator:  Patients with documented dental visit during the Report
period, including refusals in past year.
A: Patients with documented refusal.

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190
or VExam 30 or Refusal Exam 30.  For CHS dental visits, searches for any
visit with an ADA code.  CHS visit defined as Type code of C in Visit
file.

During FY 2006, maintain the proportion of patients that obtain access to
dental services at the FY 2005 level.

IHS Performance: FY 2005 - 24.0%, FY 2004 - 24.0%, FY 2003 - 25%; IHS
2010 Goal: 40%


                    REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD         PERIOD        PREV YR % PERIOD       BASE %

# User Pop
(GPRA)              2,286          2,260                   2,235

# w/dental visit
 in past yr
 (GPRA)             387   16.9     443   19.6   -2.7    450   20.1      -3.2
A. # Refusals w/ % of Total
 Dental Visits        2   0.5       0   0.0   +0.5      0    0.0       +0.5
```

Figure 2-18: Sample Report, Access to Dental Services

```
Access to Dental Services: List of patients with documented dental visit
or refusal and date.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,OSCAR W          000120 COMMUNITY #2  M   6   UP          01/21/03 DENTAL EXAM
PATIENT,MORGAN           000121 COMMUNITY #2  M   6   UP          03/31/03 Refused
PATIENT,DONALD D         000122 COMMUNITY #2  M   7   UP          12/04/03 07/01/03 CHS
VISIT ADA 0150
PATIENT,HUGH             000123 COMMUNITY #2  M   8   UP          06/23/03 ADA 0000
PATIENT,ADAM             000124 COMMUNITY #2  M   15  UP          06/12/03 ADA 0190
```

Figure 2-19: Sample Patient List, Access to Dental Services

2.3.2 Dental Sealants

GPRA Measure Description: During FY 2006, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.

Denominator: No denominator. This measure is a total count only, not a percentage.

GPRA Numerator: The total number of dental sealants during the Report Period. Breakout by the following age groups: <12, 12-18, >18. Age breakouts are based on Healthy People 2010 age groups for dental sealants.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Sealants defined as V Dental ADA code 1351.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients who received dental sealants during Report period.

Measure Past Performance and Targets:

IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158[2]
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

Performance Improvement Tip:

1. If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data

---

[2] Reported by the National Patient Information Reporting System (NPIRS).

to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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Dental Sealants


Denominator(s):
No denominator.  This measure is a total count only, not a percentage.


Numerator(s):
GPRA Numerator: The total number of dental sealants during the Report
Period.

Age of the patient is calculated at the beginning of the Report Period.
Sealants defined as V Dental ADA code 1351.


During FY 2006, maintain the number of sealants placed per year in
American Indian and Alaska Native patients at the FY 2005 level.


IHS Performance: FY 2005 - 249,882 (now being reported from CRS), FY 2004
- 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported
from NPIRS)


                        REPORT         PREV YR      CHG from  BASE         CHG from
                        PERIOD         PERIOD       PREV YR   PERIOD       BASE

Total # of Sealants
 Documented
 (GPRA)                   145            469          -324      420          -275


# Dental Sealants documented
 pts <12 yrs              96             307          -211      241          -145


# Dental Sealants documented
 pts 12-18 yrs           48             146          -98       177          -129


# Dental Sealants documented
 pts >18 yrs              1              16           -15       2            -1
```

Figure 2-20: Sample Report, Dental Sealants

```
Dental Sealants: List of patients receiving sealants during Report period.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
---------------------------------------------------------------------------
PATIENT,BARBARA A        000222 COMMUNITY #1   F  4    UP           4 sealants
PATIENT,RUTH M           000223 COMMUNITY #1   F  4    UP           2 sealants
PATIENT,LISA LYNN        000224 COMMUNITY #1   F  5    UP           4 sealants
PATIENT,JO ANN           000225 COMMUNITY #1   F  6    UP           2 sealants
PATIENT,CARRIE ANN       000226 COMMUNITY #1   F  7    UP           4 sealants
PATIENT,IRENE            000227 COMMUNITY #1   F  7    UP           4 sealants
PATIENT,CLYDINE          000228 COMMUNITY #1   F  7    UP           5 sealants
PATIENT,VIDA             000229 COMMUNITY #1   F  8    UP           4 sealants
PATIENT,VERENA           000230 COMMUNITY #1   F  8    UP           4 sealants
PATIENT,JACQUELYN        000231 COMMUNITY #1   F  10   UP           1 sealants
PATIENT,VELMA ANN        000232 COMMUNITY #1   F  12   UP           5 sealants
```

Figure 2-21: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRA Measure Description: During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level.

Denominator: No denominator. This measure is a total count only, not a percentage.

Numerator: The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

GPRA Numerator: The total number of patients with at least one topical fluoride treatment during the Report period.

Logic Description: Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; or 2) V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients who received at least one topical fluoride application during Report period.

Performance Improvement Tip:

- If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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Topical Fluoride


Denominator(s):
No denominator.  This measure is a total count only, not a percentage.


Numerator(s):
GPRA Numerator:  The total number of patients with at least one topical
fluoride treatment during the Report Period.
The total number of appropriate topical fluoride applications based on a
maximum of four per patient per year.

Topical fluoride application defined as:  1) V Dental ADA codes 1201,
1203, 1204, 1205; or 2) V POV V07.31.  A maximum of one application per
patient per visit is allowed.  A maximum of four topical fluoride
applications are allowed per patient per year for the applications
measure.

During FY 2006, maintain the number of American Indian and Alaska Native
patients receiving at least one topical fluoride application at the FY
2005 level.

IHS Performance:  FY 2005 # Patients - 85,318, # Applications - 113,324

                        REPORT        PREV YR       CHG from  BASE        CHG from
                        PERIOD        PERIOD        PREV YR   PERIOD      BASE

Total # of Patients w/at
 least 1 Topical Fluoride
 App (GPRA)             120           135           -15       61          +59

Total # of Topical Fluoride
 Applications           158           157           +1        64          +94
```

Figure 2-22: Sample Report, Topical Fluoride

```
Topical Fluoride: List of patients who received at least one topical
fluoride application during Report period.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME            HRN     COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,TYRA            000250 COMMUNITY #1    F   2   UP          1 topical flouride
PATIENT,LOUISE          000251 COMMUNITY #1    F   8   UP          1 topical flouride
PATIENT,JEANETTE        000252 COMMUNITY #1    F   12  UP          1 topical flouride
PATIENT,DARLENE ANN     000253 COMMUNITY #1    F   13  UP          1 topical flouride
PATIENT,LAUREL          000254 COMMUNITY #1    F   39  UP          1 topical flouride
PATIENT,HELENE          000255 COMMUNITY #1    F   49  UP          1 topical flouride
PATIENT,JESUS JR        000256 COMMUNITY #1    M   1   UP          3 topical flouride
```

Figure 2-23: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Adult Immunizations: Influenza

GPRA Measure Description: In FY 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adults aged 65 years and older.

Denominators:

All Active Clinical patients ages 50 or older.

    A: All Active Clinical patients ages 50-64.

    B: GPRA Denominator. All Active Clinical patients ages 65 and older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

All User Population patients ages 50 or older.

    A: All User Population patients ages 50-64.

    B: All User Population patients ages 65 and older.

Numerators:

GPRA Numerator: Patients with Influenza vaccine documented during the Report Period, including refusals in past year.

Documented patient refusals (REF) or not medically indicated (NMI).

Logic Description: Age of the patient is calculated at the beginning of the Report period. Influenza vaccine is defined in the following ways:

	CPT Codes	**ICD and Other Codes**
Influenza Vaccine	90655-90660, 90724	**Immunization (CVX) Code:** 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal
		POV: V04.8, V04.81, V06.6
		ICD Procedure: 99.52
		Refusals: Immunization codes 15, 16, 88, 111

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients >= 50 yrs or DM DX with Influenza code and date, if any.

GPRA Measure Past Performance and Targets for Patients => 65:

IHS FY 2005 Performance	59.0%
IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%
IHS FY 2002 Performance	51.4%
HP 2010 Goal	*90.0%*

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**

2. Providers should document refusals; write "Refused" in Influenza Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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-------------------------------------------------------------------------------
Adult Immunizations: Influenza


                  REPORT    %    PREV YR   %   CHG from  BASE     %   CHG from
                  PERIOD         PERIOD        PREV YR % PERIOD        BASE %
Active Clinical Patients
ages 50 or older     343            327                  305

Total # w/Flu vaccine
 documented          245  71.4      204  62.4    +9.0     171  56.1    +15.4
A. # Refusals w/ % of
 Total IZ              0   0.0        0   0.0    +0.0       0   0.0     +0.0

A. Active Clinical Patients
ages 50-64           197            176                  169

Total # w/Flu vaccine
 documented          132  67.0      102  58.0    +9.1      78  46.2    +20.9
A. # Refusals w/ % of
 Total IZ              0   0.0        0   0.0    +0.0       0   0.0     +0.0

B. Active Clinical Patients
65 and older
(GPRA)               146            151                  136

Total # w/Flu vaccine
 documented
 (GPRA)              113  77.4      102  67.5    +9.8      93  68.4     +9.0
A. # Refusals w/ % of
 Total IZ              0   0.0        0   0.0    +0.0       0   0.0     +0.0


Active Diabetic Pts  155            149                  114

Total # w/Flu vaccine
 documented          118  76.1       98  65.8   +10.4      75  65.8    +10.3
A. # Refusals w/ % of
 Total IZ              1   0.8        0   0.0    +0.8       0   0.0     +0.8

# User Population
50 and older         418            402                  364

Total # w/Flu vaccine
 documented          270  64.6      217  54.0   +10.6     174  47.8    +16.8
A. # of Refusals w/ % of
 Total IZ              0   0.0        0   0.0    +0.0       0   0.0     +0.0
```

Figure 2-24: Sample Report, Adult Immunizations: Influenza

```
Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with
influenza code or refusal and date, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,FELICIA          000350 COMMUNITY #1   F  52  UP,AC       12/02/03 Imm 88
PATIENT,CHRISTINA        000351 COMMUNITY #1   F  52  UP,AC       10/08/03 V04.8
PATIENT,MARTHA C         000352 COMMUNITY #1   F  52  UP,AC       12/02/03 V04.81
PATIENT,SHANNON          000353 COMMUNITY #1   F  52  UP,AC       10/20/03 Imm 88
PATIENT,ROXANNE          000354 COMMUNITY #1   F  52  UP,AC,AD    10/02/03 Imm 88
PATIENT,CASSANDRA        000355 COMMUNITY #1   F  52  UP,AC       01/09/03 Imm 88
PATIENT,MARIAH           000356 COMMUNITY #1   F  52  UP,AC       11/18/03 Imm 88
PATIENT,CHENOA           000357 COMMUNITY #1   F  53  UP          12/09/03 Imm 88
PATIENT,HOPE             000358 COMMUNITY #1   F  53  UP
```

Figure 2-25: Sample Patient List, Adult Immunization: Influenza

2.4.2 Adult Immunizations: Pneumovax

GPRA Measure Description: In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.

Denominators:

GPRA Denominator: Active Clinical patients ages 65 or older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

All User Population patients ages 65 and older at beginning of Report period.

Numerators:

GPRA Numerator: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.

Documented patient refusals (REF) or **not medically indicated (NMI).**

Diabetic patients with pneumovax documented in past 5 years, including refusals in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
Pneumoccocal Vaccine	90669, 90732	**Immunization codes:** 33 – Pneumococcal Polysaccaride Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS **POV:** V06.6; V03.89, V03.82 **V Procedure:** 99.55 **Refusals:** Immunization codes 33, 100, 109

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients =>65 yrs or DM DX with pneumovax code or refusal and date, if any.

GPRA Measure Past Performance and Targets:

IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%
IHS FY 2002 Performance	64.0%
HP 2010 Goal for % of patients => 65	*90.0%*

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: ***HIM***

2. Providers should document refusals; write "Refused" in Pneumo Vax Order box on PCC form. Data entry mnemonic: ***REF*** (Immunization, Value, Date Refused).

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                Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Adult Immunizations: Pneumovax

                      REPORT    %    PREV YR   %   CHG from  BASE      %   CHG from
                      PERIOD         PERIOD        PREV YR % PERIOD        BASE %

Active Clinical Pts
ages 65 & older
(GPRA)                146          151                         136

Total # w/Pneumovax
 documented
 (GPRA)               121  82.9     118  78.1     +4.7    102  75.0      +7.9
A. # Refusals w/ % of
 Total IZ               1   0.8       0   0.0     +0.8      0   0.0      +0.8

Active Diabetic Pts   155          149                         114

Total # w/Pneumovax
 documented           134  86.5     126  84.6     +1.9    100  87.7      -1.3
A. # Refusals w/ % of
 Total IZ               0   0.0       0   0.0     +0.0      0   0.0      +0.0
Total # w/Pneumovax
 documented
 in past 5 yrs        114  73.5     100  67.1     +6.4     94  82.5      -8.9
A. # Refusals w/ % of
 Total IZ               0   0.0       0   0.0     +0.0      0   0.0      +0.0

# User Population
ages 65 & older       171          168                         155

Total # w/Pneumovax
 documented           129  75.4     123  73.2     +2.2    106  68.4      +7.1
A. # Refusals w/ % of
```

Figure 2-26: Sample Report, Adult Immunization: Pneumovax

```
Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with
pneumovax code or refusal and date, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME           HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,ROBERTA        000322 COMMUNITY #1   F  67  UP,AC,AD    12/05/02 Imm 33
12/05/02 Imm 33
PATIENT, ELISSA        000323 COMMUNITY #1   F  67  UP,AC       12/13/99 Imm 33
12/13/99 Imm 33
PATIENT,MARSHA         000324 COMMUNITY #1   F  67  UP,AC,AD    08/25/00 V03.82
08/25/00 V03.82
PATIENT,SUZANNE        000325 COMMUNITY #1   F  67  UP,AC
PATIENT,CARMELITA      000326 COMMUNITY #1   F  68  UP,AC       11/12/03 Imm 33
11/12/03 Imm 33
```

Figure 2-27: Sample Patient List, Adult Immunization: Pneumovax

2.4.3 Childhood Immunizations

GPRA Measure Description: During FY 2006, maintain baseline rates for recommended immunizations for American Indian/Alaska Native children 19-35 months compared to FY 2005.

Denominators:

Active Clinical patients ages 19-35 months at end of Report period.

User Population patients ages 19-35 months.

GPRA Denominator: Patients active in the Immunization Package who are 19-35 months at end of Report period. **NOTE: Only values for the Report Period will be reported for this denominator and its associated numerators.**

Numerators:

GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.

Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including refusals, contraindications, and evidence of disease.

For each of the above numerators, the following sub-numerators are included:

A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, including refusals, contraindications, and evidence of disease.

Immunization Program Numerator: Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, NOT including refusals, contraindications, and patients with evidence of disease.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Therefore the age range will be adjusted to 7-23 months. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis.

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

- To be counted in sub-numerator B, a patient must have a evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
DTaP	90698, 90700, 90721, 90723, 90749 (old code)	**Immunization codes:** 20, 50, 106, 107, 110 **POV:** V06.1 **Refusals:** Immunization codes 20, 50, 106, 107, 110
DTP	90701, 90711 (old code), 90720	**Immunization codes:** 1, 22, 102 **POV:** V06.1, V06.2, V06.3 **V Procedure:** 99.39 **Refusals:** Immunization codes 1, 22, 102
Tdap	90715	**Immunization code:** 115 **Refusals:** Immunization code 115
DT (Diphtheria & Tetanus)	90702	**Immunization code:** 28 **POV:** V06.5 **Refusals:** Immunization code 28
Td (Tetanus & Diphtheria)	90718	**Immunization code:** 9 **POV:** V06.5 **Refusals:** Immunization code 9
Diphtheria	90719	**POV: V03.5** **V Procedure: 99.36** **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.4, 032*
Tetanus	90703	**Immunization codes:** 35, 112 **POV:** V03.7 **V Procedure:** 99.38 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 037* **Refusals:** Immunization codes 35, 112
Pertussis		**Immunization code:** 11 **POV:** V03.6 **V Procedure:** 99.37 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 033* **Refusals:** Immunization code 11

Immunization	CPT Codes	ICD and Other Codes **NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes**
OPV	90712	**Immunization codes:** 2, 89 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 2, 89
IPV	90698, 90711 (old code), 90713, 90723	**Immunization codes:** 10, 89, 110 **POV:** V04.0, V06.3 **V Procedure:** 99.41 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V12.02, 045*, 138, 730.70-730.79 **Refusals:** Immunization codes 10, 89, 110
MMR	90707, 90710	**Immunization codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	**Immunization code:** 4 **Refusals:** Immunization code 4
R/M (Rubella/ Mumps)	90709 (old code)	**Immunization code:** 38 **Refusals:** Immunization code 38
Measles	90705	**Immunization code:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **Refusals:** Immunization code 5
Mumps	90704	**Immunization code:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **Refusals:** Immunization code 7

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Rubella	90706	**Immunization code:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **Refusals:** Immunization code 6
HiB	90645-90648, 90698, 90720-90721, 90748	**Immunization codes:** 22, 46-49, 50, 51, 102 **POV:** V03.81 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2 **Refusals:** Immunization codes 22, 46-49, 50, 51, 102
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748	**Immunization codes:** 8, 42-45, 51, 102, 104, 110 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 **Refusals:** Immunization codes 8, 42-45, 51, 102, 104, 110
Varicella	90710, 90716	**Immunization codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 052*, 053* **Contraindications:** POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 21, 94
Pneumococcal	90669, 90732	**Immunization codes:** 33, 100, 109 **POV:** V06.6; V03.82 **Refusals:** Immunization codes 33, 100, 109

Key Logic Changes from CRS Version 6.0:

1. Revised denominator for GPRA measure from Active Clinical to Patients Active in the Immunization Package.
2. Revised required number of doses for Hepatitis B from 3 to 2 IF documented with CPT 90743.
3. Added pneumococcal conjugate as new numerator and added it to the "all immunizations" numerator.

Patient List Description: List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

> **NOTE:**   The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 HIB;3 HEP;Vari;4 PNEUMO. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations.   Another example is "MMR;vari;4 PNEUMO," which means the patient did not have 4 Dtap/Dtp, 3 IPV/OPV, 3 HIB and 3 HEP.

GPRA Measure Past Performance and Targets:

IHS FY 2005 Performance (rate for children age 19-35 months)	75.0%[3]
IHS FY 2004 Performance (baseline rate for children age 19-35 months)	72.0%[4]
IHS FY 2004 Performance (rate for children age 3-27 months)	81.0%[5]
IHS FY 2003 Performance (rate for children age 3-27 months)	80.0%[6]
IHS FY 2002 Performance (rate for children age 3-27 months)	80.0%[7]
HP 2010 Goal for % of children age 19-35 months with 4:3:1:3:3 vaccines	*80.0%*
HP 2010 Goal for % of children age 19-35 months with each individual vaccine	*90.0%*

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: ***HIM***

2. Providers should document refusals; write "Refused" in appropriate vaccine Order box on PCC form. Data entry mnemonic: ***REF*** (Immunization, Value, Date Refused).

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[3] Reported by the Immunization Program from the quarterly immunization reports.

[4] Reported by the Immunization Program from the quarterly immunization reports.

[5] ibid

[6] ibid

[7] ibid

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-------------------------------------------------------------------------------


Childhood Immunizations (con't)


                     REPORT     %    PREV YR    %   CHG from  BASE      %   CHG from
                     PERIOD          PERIOD         PREV YR % PERIOD        BASE %

Active Clinical Pts
19-35 months          52            45                        45



# w/ 4:3:1:3:3 combo
 or w/ Dx/ Contraind/
 Refusal              42   80.8      31   68.9    +11.9      30   66.7    +14.1
A. Refusals w/ % of
 Total all IZ          2    4.8       0    0.0     +4.8       0    0.0     +4.8
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total IZ              0    0.0       0    0.0     +0.0       0    0.0     +0.0

# w/ 4 doses DTaP
 or w/ Dx/
 Contraind/Refusal    44   84.6      32   71.1    +13.5      32   71.1    +13.5
A. # Refusals w/ % of
 Total DTaP            1    2.3       0    0.0     +2.3       0    0.0     +2.3
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total DTaP            0    0.0       0    0.0     +0.0       0    0.0     +0.0

# w/ 3 doses Polio
 or w/ Dx/
 Contraind/Refusal    48   92.3      38   84.4     +7.9      34   75.6    +16.8
A. # Refusals w/ % of
 Total Polio           2    4.2       0    0.0     +4.2       0    0.0     +4.2
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total Polio           2    4.2       0    0.0     +4.2       0    0.0     +4.2

# w/ 1 dose MMR or
 w/ Dx/Contraind/
 Refusal              49   94.2      41   91.1     +3.1      43   95.6     -1.3
A. # Refusals w/ % of
 Total MMR             1    2.0       0    0.0     +2.0       0    0.0     +2.0
B. # w/Dx/Contraind/NMI
 Ref w/ % of
 Total MMR             1    2.0       0    0.0     +2.0       0    0.0     +2.0
```

Figure 2-28: Sample Report, Childhood Immunizations

```
Childhood Immunizations: List of patients 19-35 months with IZ, if any.
If a patient did not have all doses in a multiple dose vaccine, the IZ
will not be listed. For example, if a patient only had 2 DTaP, no IZ will
be listed for DTaP.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME              HRN    COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,AMBER            000400 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO
PATIENT,HILARY           000401 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO
PATIENT,DELORSE          000402 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,CONNIE R         000403 COMMUNITY #1    F   1   UP;AC;IMM   ;evid opv
PATIENT,ALISON           000404 COMMUNITY #1    F   1   UP          ref Dtap or DT
PATIENT,ALICE LEE        000405 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO
PATIENT,GRACE            000406 COMMUNITY #1    F   1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,HELEN            000407 COMMUNITY #1    F   1   UP          ;NMI MMR;NMI var
PATIENT,GENEE            000408 COMMUNITY #1    F   1   UP;IMM      4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,SHIRLEY          000409 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,BETSY            000410 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,LETA             000411 COMMUNITY #1    F   1   UP;AC;IMM   4 Dtap/Dtp;ref
OPV;MMR;3 HIB;3 HEP;
```

Figure 2-29: Sample Patient List, Childhood Immunizations

2.4.4 Adolescent Immunizations (new topic)

Denominators:

<u>Active Clinical patients</u> age 13.

<u>User Population patients</u> age 13.

Numerators:

Patients who have received the 2 MMR, 3 Hepatitis B, and one Varicella combination.

Patients who have received 2 doses of MMR ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.

For each of the above numerators, the following sub-numerators are included:

A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, including refusals, contraindications, and evidence of disease.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 2 doses of MMR: 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 1 dose of Varicella

Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period).

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
MMR	90707, 90710	**Immunization codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 3, 94
M/R (Measles/Rubella)	90708	**Immunization code:** 4 **Refusals:** Immunization code 4
R/M (Rubella/Mumps)	90709 (old code)	**Immunization code:** 38 **Refusals:** Immunization code 38
Measles	90705	**Immunization code:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **Refusals:** Immunization code 5
Mumps	90704	**Immunization code:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **Refusals:** Immunization code 7
Rubella	90706	**Immunization code:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **Refusals:** Immunization code 6

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748	**Immunization codes:** 8, 42-45, 51, 102, 104, 110 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 **Refusals:** Immunization codes 8, 42-45, 51, 102, 104, 110
Varicella	90710, 90716	**Immunization codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 052*, 053* **Contraindications:** POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 21, 94

Patient List Description: List of patients 13 and older with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.

> **NOTE:** The order of the display for the immunizations is: 2 MMR;3 HEP;Vari. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is ";2 MMR" which means the patient did not have 3 HEP B and one Varicella.

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: ***HIM***

2. Providers should document refusals; write "Refused" in appropriate vaccine Order box on PCC form. Data entry mnemonic: ***REF*** (Immunization, Value, Date Refused).

Measure Source: HEDIS, HP 2010 14-24b (developmental)

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Adolescent Immunizations (con't)


                      REPORT    %    PREV YR   %  CHG from  BASE     %  CHG from
                      PERIOD         PERIOD       PREV YR % PERIOD      BASE %

Active Clinical patients
age 13                  38            40                        34

# w/2 MMR, 3 Hep B,
 1 varicella combo or w/Dx/
 Contraind/ Refusal      3   7.9       1    2.5    +5.4       0    0.0    +7.9
A. # Refusals w/ % of
 Total IZ                1  33.3       0    0.0   +33.3       0    0.0   +33.3
B. # w/ Dx/ Contraind/
 NMI Ref w/ % of Total
 All IZ                  1  33.3       1  100.0   -66.7       0    0.0   +33.3

# w/ 2 doses MMR or w/
 DX/ Contraind/
 Refusal                20  52.6      10   25.0   +27.6       7   20.6   +32.0
A. # Refusals w/ % of
 Total MMR               0   0.0       0    0.0    +0.0       0    0.0    +0.0
B. # w/ Dx/ Contraind/
 NMI Ref w/ % of
 Total MMR               0   0.0       0    0.0    +0.0       0    0.0    +0.0

# w/ 3 doses Hep B or
 w/ Dx/ Contraind/
 Refusal                28  73.7      27   67.5    +6.2      23   67.6    +6.0
A. # Refusals w/ % of
 Total Hep B             0   0.0       0    0.0    +0.0       0    0.0    +0.0
B. # w/Dx/ Contraind/
 NMI Ref w/ % of
 Total Hep B             0   0.0       0    0.0    +0.0       0    0.0    +0.0

# w/ 1 dose Varicella or w/
 Dx/ Contraind/
 Refusal                 7  18.4       3    7.5   +10.9       4   11.8    +6.7
A. # Refusals w/ % of
 Total Varicella         1  14.3       0    0.0   +14.3       0    0.0   +14.3
B. # w/ Dx/ Contraind/
 NMI Ref w/ % of
 Total Varicella         5  71.4       3  100.0   -28.6       4  100.0   -28.6
```

Figure 2-30: Sample Report, Adolescent Immunizations

```
Adolescent Immunizations: List of patients 13 and older with IZ, if any.
If a patient did not have all doses in a multiple dose vaccine, the IZ
will not be listed. For example, if a patient only had 2 Hep B, no IZ
will be listed for Hep B. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,ELSIE            111668 COMMUNITY #1   F   13  UP           ;2 MMR;3 HEP
PATIENT,CARMELITA        111838 COMMUNITY #1   F   13  UP;AC        ;3 HEP
PATIENT,BRIANNA          111986 COMMUNITY #1   F   13  UP;AC        ;2 MMR;3 HEP;vari
PATIENT,AILENE           112265 COMMUNITY #1   F   13  UP           ;2 MMR;3 HEP
PATIENT,ANNA             112277 COMMUNITY #1   F   13  UP;AC        ;3 HEP
PATIENT,CAROL            112382 COMMUNITY #1   F   13  UP
PATIENT,MARY             112433 COMMUNITY #1   F   13  UP;AC        ;3 HEP
PATIENT,MICHELLE         113167 COMMUNITY #1   F   13  UP;AC        ;2 MMR;3 HEP;contra
var
```

Figure 2-31: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group (new group)

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection (new topic)

Denominators:

Active Clinical patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period.

User Population patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period.

Numerator:

Patients who were NOT prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is not to receive an antibiotic.

Logic Description: Age is calculated as follows: Children 3 months as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period.

In order to be included in the denominator, ALL of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.

2. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.

3. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis.

4. Patient's visit must ONLY have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.

5. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.

6. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

Rx Days Supply >= (URI Visit Date - Prescription Date)

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

Patient List Description: List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.

Measure Source: HEDIS

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Appropriate Treatment for Children with Upper Respiratory Infection


                      REPORT    %    PREV YR   %   CHG from  BASE      %   CHG from
                      PERIOD         PERIOD        PREV YR % PERIOD        BASE %

Active Clinical 3 months-18 yrs
w/Upper Respiratory
Infection             63             63                             84

# w/o Antibiotic
 Rx                   61   96.8      62   98.4    -1.6      82  97.6     -0.8

User Pop 3 months-18 yrs
w/Upper Respiratory
Infection             71             68                             86

# w/o Antibiotic
 Rx                   68   95.8      67   98.5    -2.8      84  97.7     -1.9
```

Figure 2-32: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

```
Appropriate Treatment for Children with Upper Respiratory Infection: List
of patients 3 months to 18 years with upper respiratory infection, with
antibiotic prescription, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,DENISE          222460 COMMUNITY #1   F  0   UP;AC         MEETS MEASURE
PATIENT,AMY             222921 COMMUNITY #1   F  0   UP;AC         MEETS MEASURE
PATIENT,MELISSA         222962 COMMUNITY #1   F  0   UP            antibiotic: 12/08/02
DOES NOT MEET MEASURE
PATIENT,STEPHANIE       222976 COMMUNITY #1   F  1   UP            MEETS MEASURE
PATIENT,ALICE L         222988 COMMUNITY #1   F  1   UP;AC         MEETS MEASURE
PATIENT,HELEN           223421 COMMUNITY #1   F  1   UP            MEETS MEASURE
PATIENT,SHIRLEY         223438 COMMUNITY #1   F  1   UP;AC         MEETS MEASURE
PATIENT,MARIA           223583 COMMUNITY #1   F  1   UP;AC         antibiotic: 01/03/03
DOES NOT MEET MEASURE
PATIENT,TANYA           223870 COMMUNITY #1   F  2   UP;AC         MEETS MEASURE
```

Figure 2-33: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis (new topic)

Denominators:

Active Clinical patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period.

User Population patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period.

Numerator:

Patients who received a Group A strep test.

Logic Description: Age is calculated as follows: Children 2 years as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period.

In order to be included in the denominator, ALL of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV 462, 463, or 034.0. Outpatient visit defined as Service Category A, S, or O.

2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis.

3. Patient's visit must ONLY have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.

5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as:

    Rx Days Supply >= (URI Visit Date - Prescription Date)

6. The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit.

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

To be included in the numerator, a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); site-populated taxonomy BGP GROUP A STREP TESTS; and LOINC taxonomy.

Patient List Description: List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.

Measure Source: HEDIS

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--------------------------------------------------------------------------------
Appropriate Testing for Children with Pharyngitis


                   REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                   PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 2-18 yrs w/
Pharyngitis and
Antibiotic Rx         16              23                       40

# w/Group A
 Strep Test            5  31.3         7  30.4    +0.8       6  15.0    +16.3

User Pop 2-18 yrs w/
Pharyngitis and
Antibiotic Rx         20              26                       43

# w/Group A
 Strep Test            5  25.0         8  30.8    -5.8       7  16.3     +8.7
```

Figure 2-34: Sample Report, Appropriate Testing for Children with Pharyngitis

```
Appropriate Testing for Children with Pharyngitis: List of patients 2-18
years with pharyngitis and a Group A Strep test, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,OLIVIA           221853 COMMUNITY #1   F   6   UP
PATIENT,CARRIE ANN       222540 COMMUNITY #1   F   7   UP;AC        12/12/02 THROAT
CULTURE
PATIENT,LEEANN           222996 COMMUNITY #1   F  10   UP;AC
PATIENT,ANN E            223652 COMMUNITY #1   F  11   UP;AC
PATIENT,MARILYN          224624 COMMUNITY #1   F  13   UP;AC        02/26/03 87081
PATIENT,RUTH             224953 COMMUNITY #1   F  13   UP;AC
PATIENT,MARCUS           225213 COMMUNITY #1   M   3   UP;AC
PATIENT,JOHN             225721 COMMUNITY #1   M   7   UP;AC
```

Figure 2-35: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRA Measure Description: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.

Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerators:

GPRA Numerator: Patients with a Pap smear documented in the past 3 years, including refusals in past year.

A: Patients with documented refusal in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy[8]	51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-58554, 58951, 58953-58954, 59135	**V Procedure:** 68.4-68.9		
Pap Smear	88141-88167, 88174-88175, Q0091	**V Lab:** PAP SMEAR **POV:** V76.2-Screen Mal Neop-Cervix V72.31 Routine Gynecological Examination V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-hysterectomy Patients V76.49 Pap Smear for Women w/o a Cervix **V Procedure**: 91.46 **Women's Health Tracking:** procedure called Pap Smear	Yes	BGP GPRA PAP SMEAR
Refusal		**Refusals:** Lab Test Value Pap Smear		

---

[8] HEDIS includes patients with a documented hysterectomy as an optional exclusion from the denominator. HEDIS 2006 logic added POV codes 618.5, V76.01 and V76.47 and CPT 58956 to its hysterectomy definition. These codes were not added to the CRS 6.1 logic. It should be noted that this optional exclusion may become required in the future. Therefore, it is recommended that sites review their stats using this exclusion and review their Pap smear documentation and coding procedures. A review of one site's data indicated that this site, and possibly there are others, was using V76.47 for documenting a Pap smear in patients who have not had a hysterectomy.

Key Logic Changes from CRS Version 6.0:

1. Deleted CPT 59525 from and added procedure code 68.9 to hysterectomy definition.
2. Corrected logic to accept V72.3 code in numerator ONLY for visits prior to 10/1/04.
3. Fixed problem in hysterectomy exclusion logic that was only checking for procedure code 68.5 and not all codes in the range of 68.50-68.59.

Patient List Description: List of women 21-64 with documented test/refusal, if any.

Measure Past Performance and Targets:

IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
IHS 2010 Goal	*90.0%*

Performance Improvement Tips:

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: ***HPAP***

2. Providers should document refusals; write "Refused" in Pap Order box on PCC form. Data entry mnemonic: ***REF*** (Lab Test Value, Date Refused).

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Cancer Screening: Pap Smear Rates (con't)

                         REPORT    %    PREV YR   %  CHG from  BASE      %  CHG from
                         PERIOD         PERIOD       PREV YR % PERIOD       BASE %

Female Active Clinical
21-64 years
(GPRA)                    446              434                    435

# w/Pap Smear recorded
 w/in 3 years
 (GPRA)                   279  62.6      274  63.1    -0.6     290  66.7     -4.1
A. # Refusals
 w/ % of Total Pap          1   0.4        0   0.0    +0.4       0   0.0     +0.4

# Female User Pop
21-64 years               592              593                    579

# w/Pap Smear recorded
 w/in 3 years             285  48.1      280  47.2    +0.9     294  50.8     -2.6
A. # Refusals
 w/ % of Total Pap          2   0.7        0   0.0    +0.7       0   0.0     +0.7
```

Figure 2-36: Sample Report, Cancer Screening: Pap Smear Rates

```
Cancer Screening: Pap Smear Rates: List of women 21-64 with documented
test/refusal, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN     COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,RENEE           000390 COMMUNITY #1    F   21  UP,AC       06/14/02 88164
PATIENT,ANN             000391 COMMUNITY #1    F   21  UP,AC       02/06/01 88164
PATIENT,LINDA           000392 COMMUNITY #1    F   21  UP,AC       07/26/02 V76.49
PATIENT,MARY            000393 COMMUNITY #1    F   21  UP          03/24/03 Lab
PATIENT,LEIGH           000394 COMMUNITY #1    F   21  UP,AC       08/29/03 V72.3
PATIENT,SADIE           000395 COMMUNITY #1    F   21  UP
PATIENT,MARLENE         000396 COMMUNITY #1    F   21  UP,AC       03/15/03 ref
PATIENT,RUTH B          000397 COMMUNITY #1    F   21  UP,AC       05/16/03 V76.2
PATIENT,TERRY           000398 COMMUNITY #1    F   21  UP,AC       06/25/01 WH
```

Figure 2-37: Sample Patient List, Cancer Screening: Pap Smear Rates

2.6.2 Cancer Screening: Mammogram Rates

GPRA Measure Description: During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.

Denominators:

GPRA Denominator: <u>Female Active Clinical patients</u> ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

<u>Female User Population patients</u> ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerators:

GPRA Numerator: All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.

   A: Patients with documented refusal in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

	CPT Codes	**ICD and Other Codes**
Bilateral Mastectomy	19180.50 **OR** 19180 w/modifier 09950, 19200.50 **OR** 19200 w/modifier 09950, 19220.50 **OR** 19220 w/modifier 09950, 19240.50 **OR** 19240 w/modifier 09950 (.50 and 09950 indicate bilateral)	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	**Vrad or VCPT:** 76090–76092, G0206, G0204, G0202	**POV:** V76.11, V76.12 **V Procedure:** 87.36-87.37 **Women's Health:** Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal	**Vrad Mammogram for CPT:** 76090–76092, G0206, G0204, G0202	

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of women 52-64 with mammogram/refusal, if any.

Measure Past Performance and Targets:

IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
IHS 2010 Goal	*70.0%*

Performance Improvement Tips:

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: ***HRAD.***

2. Providers should document refusals; write "Refused" in Mammogram Order box on PCC form. Data entry mnemonic: ***REF*** (Mammogram, Procedure (CPT) Code, Date Refused).

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Cancer Screening: Mammogram Rates (con't)


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Female Active Clinical
52-64 (GPRA)            86            80                      77


# w/Mammogram recorded
 w/in 2 years
 (GPRA)                 49  57.0      42  52.5    +4.5     34  44.2     +12.8
A. # Refusals w/ % of
 Total Mammograms        1   2.0       0   0.0    +2.0      0   0.0     +2.0


# User Pop Women
52-64 years            106           104                     93


# w/Mammogram recorded
 w/in 2 years           49  46.2      42  40.4    +5.8     34  36.6     +9.7
A. # Refusals w/ % of
 total Mammograms        1   2.0       0   0.0    +2.0      0   0.0     +2.0
```

Figure 2-38: Sample Report, Cancer Screening: Mammogram Rates

```
Cancer Screening: Mammogram Rates: List of women 52-64 with
mammogram/refusal, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,ANASTASIA        000200 COMMUNITY #1   F  52  UP;AC        04/01/03 ref
PATIENT,KIMBERLYN        000201 COMMUNITY #1   F  52  UP;AC
PATIENT,FELICIA          000202 COMMUNITY #1   F  52  UP;AC        01/22/03 G0204
PATIENT,MARTHA C         000203 COMMUNITY #1   F  52  UP;AC        12/02/03 CPT
PATIENT,SHANNON LEI      000204 COMMUNITY #1   F  52  UP;AC
PATIENT,ROXANNE          000205 COMMUNITY #1   F  52  UP;AC
PATIENT,CASSANDRA        000206 COMMUNITY #1   F  52  UP;AC        12/04/03 G0202
PATIENT,MARIAH           000207 COMMUNITY #1   F  52  UP;AC        03/04/03 V76.12
PATIENT,CHENOA           000208 COMMUNITY #1   F  53  UP
PATIENT,HOPE             000209 COMMUNITY #1   F  53  UP
PATIENT,JEANNE           000210 COMMUNITY #1   F  53  UP;AC        09/03/02 G0202
PATIENT,JANICE           000211 COMMUNITY #1   F  53  UP;AC        05/22/02 G0204
```

Figure 2-39: Sample Patient List, Cancer Screening: Mammogram Rates

2.6.3 Colorectal Cancer Screening

GPRA Measure Description: During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.

Denominators:

GPRA Denominator: Active Clinical patients ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy, broken out by gender.

All User Population patients ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy, broken out by gender.

Numerators:

GPRA Numerator: Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test during the Report Period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or a documented refusal of any test in the past year.

   A: Patients with documented refusal in the past year.

   B: Patients with Fecal Occult Blood test (FOBT) during the Report Period.

Patients with Rectal Exam in the past 2 years, including refusals in past year.

Logic Description: Age is calculated at the beginning of the Report period.

CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer		**POV:** 153.*, 154.0, 154.1, 197.5, V10.05		
Total Colectomy	44150-44153, 44155-44156, 44210-44212	**V Procedure:** 45.8		
Fecal Occult Blood lab test (FOBT)	82270, 82274, G0107, 89205 (old code)		Yes	BGP GPRA FOB TESTS
Rectal Exam		**POV:** V76.41 Screening for Rectal **V Procedure:** 48.24-29, 89.34 Rectal Exam **V Exam:** 14		
Flexible Sigmoidoscopy	45330-45345, G0104	**V Procedure:** 45.24, 45.42		
Double contrast barium enema	VCPT or VRad: 74280, G0106, G0120			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old code), G0105, G0121	**V Procedure:** 45.22, 45.23, 45.25, 45.43 **POV:** V76.51 Colon screening		
Refusals	74280, G0106, G0120	**V Exam:** 14 (Rectal Exam, does not count for GPRA)		V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 6.0:

1. Removed CPT 74270 for DCBE and refusal of DCBE.
2. Added CPTs 45391 and 45392 for Colonoscopy.
3. Added denominator exclusion for total colectomy.
4. Revised timeframe for FOBT from past two years to past year.
5. Added ICD-9 procedure code 45.43 to colonoscopy definition.
6. Removed V Radiology refusal logic for FOBT, flexible sigmoidoscopy, and colonoscopy since there is no process to refuse these procedures in Radiology.

Patient List Definition: List of patients 51-80 with CRC screening/refusal, or rectal exam/refusal, if any.

Performance Improvement Tips:

1. Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: ***HBE*** (barium enema); ***HCOL*** (colonoscopy); ***HFOB*** (Fecal Occult Blood); ***HSIG*** (sigmoidoscopy).

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Colorectal Cancer Screening (con't)

                      REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD       PREV YR % PERIOD       BASE %

AC Pts 51-80 w/o
colorectal cancer or total
colectomy (GPRA)      293           283                   261

# w/ CRC screening
 (GPRA)                43  14.7      42  14.8     -0.2      48 18.4      -3.7
A. # Refusals w/ % of
 Total CRC              1   2.3       0   0.0     +2.3       0  0.0      +2.3
B. # w/FOB test during
 Report period          1   0.3       9   3.2     -2.8      29 11.1     -10.8
# w/ rectal exam in
 past 2 yrs or
 refusal past year     64  21.8      60  21.2     +0.6      68 26.1      -4.2

Male Active Clinical
51-80                 128           121                   111

# w/ CRC screening     21  16.4      14  11.6     +4.8      11  9.9      +6.5
A. # Refusals w/ % of
 Total CRC              1   4.8       0   0.0     +4.8       0  0.0      +4.8
B. # w/FOB test during
 Report period          0   0.0       1   0.8     -0.8       1  0.9      -0.9
# w/ rectal exam in
 past 2 yrs or
 refusal past year      2   1.6       5   4.1     -2.6       4  3.6      -2.0

Female Active Clinical
51-80                 165           162                   150

# w/ CRC screening     22  13.3      28  17.3     -4.0      37 24.7     -11.3
A. # Refusals w/ % of
 Total CRC              0   0.0       0   0.0     +0.0       0  0.0      +0.0
B. # w/FOB test during
 Report period          1   0.6       8   4.9     -4.3      28 18.7     -18.1
# w/ rectal exam in
 past 2 yrs or
 refusal past year     62  37.6      55  34.0     +3.6      64 42.7      -5.1
```

Figure 2-40: Sample Report, Colorectal Cancer Screening

```
Colorectal Cancer Screening: List of patients 51-80 with CRC
screening/refusal, or rectal exam/refusal, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------
PATIENT,CODY            000550 COMMUNITY #1  M  70  UP          REFUSED RECTAL
EXAM:04/01/03
PATIENT,RICHARD         000551 COMMUNITY #1  M  74  UP,AC       CPT BE 74280:09/05/02


PATIENT,AARON JAY       000552 COMMUNITY #1  M  74  UP,AC       COLO DX
V76.51:03/05/03
PATIENT,EDDIE           000553 COMMUNITY #1  M  76  UP,AC       RECTAL EXAM:04/19/02
PATIENT,TERRENCE        000554 COMMUNITY #1  M  76  UP
PATIENT,SCOTT           000555 COMMUNITY #1  M  77  UP,AC       RAD BE:02/25/00
PATIENT,LEANDRA MAE     000002 COMMUNITY #2  F  53  UP,AC       FOB CPT
G0107:01/16/03
```
Figure 2-41: Sample Patient List, Colorectal Cancer Screening

2.6.4 Tobacco Use and Exposure Assessment

Measure Description: During FY 2006, rates of screening for tobacco use will be maintained at FY 2005 rates.

Denominators:

Active Clinical patients ages 5 and older. Additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

Pregnant female patients.

All User Population patients ages 5 and older.

Numerators:

Patients who have been screened for tobacco use during the Report period.

Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.

A: Patients identified as current smokers during the Report Period.

B: Patients identified as current smokeless tobacco users during the Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Logic Description: Ages are calculated at beginning of Report period. Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) during the past 20 months, with one diagnosis occurring during

the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that.

CRS uses the following codes:

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		**V POV:** V22.0-V23.9, 640.*-648.*, 651.*-676.*
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*
Abortion (after 2nd pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	**V POV:** 635*, 636* 637*
Screened (timeframe for pregnant patients is past 20 months)		**V POV or current Active Problem List:** 305.1, 305.1* (old codes), V15.82 **Patient Education codes:** containing "TO-" or "-TO" or "-SHS" **Dental code:** 1320
Tobacco users and Current Smokers (timeframe for pregnant patients is past 20 months)		**V POV or current Active Problem List:** 305.1, 305.10-305.12 (old codes), V15.82 **Dental code:** 1320

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened
Cessation-Smoker	Screened
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

Key Logic Changes from CRS Version 6.0: Added old codes 305.1* (305.10-305.13) back in for tobacco screening and codes 305.10-305.12 for tobacco users and smokers definition since patients in the baseline year may have been documented with those codes.

Patient List Definition: List of patients with no documented tobacco screening.

Measure Past Performance and Targets:

IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%
IHS 2010 target for annual tobacco screening	*100.0%*

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Tobacco Use and Exposure Assessment (con't)


                   REPORT    %    PREV YR    %   CHG from  BASE      %   CHG from
                   PERIOD         PERIOD         PREV YR % PERIOD        BASE %

# Active Clinical Pts
=> 5               1,401          1,384                    1,386


# w/Tobacco
 Screening           48   3.4      25   1.8     +1.6       21   1.5     +1.9
# Tobacco Users w/ % of
 Total Screened      24  50.0       7  28.0    +22.0       12  57.1     -7.1
A. # Smokers w/ % of
 Total Tobacco Users 23  95.8       7 100.0     -4.2       12 100.0     -4.2
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users        2   8.3       0   0.0     +8.3        0   0.0     +8.3
# exposed to ETS/
 smoker in home w/ % of
 Total Screened       1   2.1       0   0.0     +2.1        0   0.0     +2.1

# Male Active Clinical
ages => 5           597          591                       593


# w/Tobacco
 Screening           23   3.9      13   2.2     +1.7       12   2.0     +1.8
# Tobacco Users w/ % of
 Total Screened      13  56.5       3  23.1    +33.4        8  66.7    -10.1
A. # Smokers w/ % of
 Total Tobacco Users 12  92.3       3 100.0     -7.7        8 100.0     -7.7
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users        1   7.7       0   0.0     +7.7        0   0.0     +7.7
# exposed to ETS/
 smoker in home w/ % of
 Total Screened       1   4.3       0   0.0     +4.3        0   0.0     +4.3

# Female Active Clinical
ages => 5           804          793                       793


# w/Tobacco
 Screening           25   3.1      12   1.5     +1.6        9   1.1     +2.0
# Tobacco Users w/ % of
 Total Screened      11  44.0       4  33.3    +10.7        4  44.4     -0.4
A. # Smokers w/ % of
 Total Tobacco Users 11 100.0       4 100.0     +0.0        4 100.0     +0.0
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users        1   9.1       0   0.0     +9.1        0   0.0     +9.1
# exposed to ETS/
 smoker in home w/ % of
 Total Screened       0   0.0       0   0.0     +0.0        0   0.0     +0.0
```

Figure 2-42: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

```
Tobacco Use and Exposure Assessment (con't)

                        TOTAL ACTIVE CLINICAL POPULATION
                                  Age Distribution
                        5-13 14-17  18-24  25-44  45-64  65 and older

CURRENT REPORT PERIOD
# Active Clinical        289    125    162    398    281    146
# Tobacco Screening        0      0      5     13     21      9
% w/Tobacco Screening    0.0    0.0    3.1    3.3    7.5    6.2

# Tobacco Users            0      0      3      9      9      3
% Tobacco Users w/ % of
 Total Screened          0.0    0.0   60.0   69.2   42.9   33.3

# Smokers                  0      0      2      9      9      3
% Smokers w/ % of
 Total Tobacco Users     0.0    0.0   66.7  100.0  100.0  100.0

# Smokeless                0      0      1      0      1      0
% Smokeless w/ % of
 Total Tobacco Users     0.0    0.0   33.3    0.0   11.1    0.0

# ETS/Smk Home             0      0      0      1      0      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    7.7    0.0    0.0

PREVIOUS YEAR PERIOD
# Active Clinical        311    115    154    394    259    151
# Tobacco Screening        0      0      2      5      9      9
% w/Tobacco Screening    0.0    0.0    1.3    1.3    3.5    6.0

# Tobacco Users            0      0      2      4      1      0
% Tobacco Users w/ % of
 Total Screened          0.0    0.0  100.0   80.0   11.1    0.0

# Smokers                  0      0      2      4      1      0
% Smokers w/ % of
 Total Tobacco Users     0.0    0.0  100.0  100.0  100.0    0.0

# Smokeless                0      0      0      0      0      0
% Smokeless w/ % of
 Total Tobacco Users     0.0    0.0    0.0    0.0    0.0    0.0

# ETS/Smk Home             0      0      0      0      0      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    0.0    0.0    0.0

CHANGE FROM PREV YR %
Tobacco Screening       +0.0   +0.0   +1.8   +2.0   +4.0   +0.2
Tobacco Users           +0.0   +0.0  -40.0  -10.8  +31.7  +33.3
Smokers                 +0.0   +0.0  -33.3   +0.0   +0.0 +100.0
Smokeless               +0.0   +0.0  +33.3   +0.0  +11.1   +0.0
ETS                     +0.0   +0.0   +0.0   +7.7   +0.0   +0.0
```

Figure 2-43: Sample Age Breakdown Report, Tobacco Use Assessment

```
Tobacco Use and Exposure Assessment: List of patients 5 and older with no
documented tobacco screening
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,CHESTER          002000 COMMUNITY #1   M   34  UP,AC
PATIENT,JUAN             002001 COMMUNITY #1   M   34  UP
PATIENT,BEN              002002 COMMUNITY #1   M   34  UP
PATIENT,STUART           002003 COMMUNITY #1   M   35  UP,AC
PATIENT,HARRY B          002004 COMMUNITY #1   M   35  UP
PATIENT,EMERSON          002005 COMMUNITY #1   M   35  UP,AC
PATIENT,EUGENE JAY       002006 COMMUNITY #1   M   35  UP
PATIENT,ROGER            002007 COMMUNITY #1   M   35  UP,AC
PATIENT,ANDREW           002008 COMMUNITY #1   M   35  UP
```

Figure 2-44: Sample Patient List, Tobacco Use Assessment

2.6.5 Tobacco Cessation

GPRA Measure Description: During FY 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.

Denominators:

GPRA Denominator: <u>Active Clinical</u> patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups.

<u>User Population patients</u> identified as <u>current tobacco users</u> prior to the Report Period. Broken down by gender and age groups.

Numerators:

GPRA Numerator: Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year.

Patients identified during the Report Period as quit tobacco use.

Logic Description: CRS uses the following codes:

	ICD and Other Codes
Tobacco Users	**Tobacco Health Factors (looks at the last documented health factor):** Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Cessation-Smoker and Smokeless
	V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes),V15.82
	Dental code: 1320

	ICD and Other Codes
Tobacco Cessation Counseling	**Patient education codes containing:** "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke) **Dental code:** 1320 **Clinic code:** 94 (tobacco cessation clinic) **Refusals:** Patient education codes containing: "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke)
Quit Tobacco User	**V POV or current Active Problem List:** 305.13 (tobacco use in remission) **Health Factors** documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

Key Logic Changes from CRS Version 6.0: Fixed problem with not counting in denominator patients with old codes 305.10-305.12 (i.e. tobacco users), even though the codes were in the logic.

Patient List Description: List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.

Measure Target:

HP 2010 target for increasing smoking cessation attempts for adult smokers	*75.0%*

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Tobacco Cessation (con't)


                      REPORT     %    PREV YR    %   CHG from  BASE      %   CHG from
                      PERIOD          PERIOD         PREV YR % PERIOD        BASE %

Active Clinical Tobacco
Users (GPRA)            48               46                       35

# w/tobacco cessation
 counseling or
 refusal (GPRA)          5  10.4          0   0.0   +10.4        0   0.0    +10.4
# who quit               1   2.1          0   0.0    +2.1        0   0.0     +2.1

Male Active Clinical
Tobacco Users           27               27                       20

# w/tobacco cessation
 counseling or
 refusal                 2   7.4          0   0.0    +7.4        0   0.0     +7.4
# who quit               0   0.0          0   0.0    +0.0        0   0.0     +0.0

Female Active Clinical
Tobacco Users           21               19                       15

# w/tobacco cessation
 counseling or
 refusal                 3  14.3          0   0.0   +14.3        0   0.0    +14.3
# who quit               1   4.8          0   0.0    +4.8        0   0.0     +4.8
```

Figure 2-45: Sample Report, Tobacco Cessation

```
Tobacco Cessation: List of tobacco users with tobacco cessation
counseling, if any, or who have quit tobacco use.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME            HRN    COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ARLINDA         003001 COMMUNITY #1   F  20  UP
PATIENT,MARLENE         003002 COMMUNITY #1   F  21  UP;AC       PT ED: 12/08/03 TO-M
PATIENT,NORA            003003 COMMUNITY #1   F  25  UP;AC       PT ED: 06/23/03 TO-LA
PATIENT,SELINA          003004 COMMUNITY #1   F  27  UP;AC
PATIENT,DONNA           003005 COMMUNITY #1   F  28  UP;AC
PATIENT,BLANCHE         003006 COMMUNITY #1   F  29  UP;AC
PATIENT,ERIN            003007 COMMUNITY #1   F  29  UP;AC
PATIENT,GERALDINE       003008 COMMUNITY #1   F  30  UP;AC
PATIENT,LUCINDA         003009 COMMUNITY #1   F  32  UP;AC       ;QUIT: PREVIOUS
SMOKER 03/16/03
```

Figure 2-46: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance MeasureTopics

2.7.1 Alcohol Screening (FAS Prevention)

GPRA Measure Description: During FY 2006, increase to 12.0% the screening rate for alcohol use in female patients ages 15 to 44.

Denominators:

GPRA Denominator: <u>Female Active Clinical patients</u> ages 15 to 44.

<u>Female User Population patients</u> ages 15 to 44.

Numerators:

GPRA Numerator: GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.

A: Patients with exam code, Alcohol health factor or screening diagnosis during the Report Period.

B: Patients with alcohol-related diagnoses during the Report Period

C: Patients with alcohol-related patient education or counseling during the Report Period.

D: Patients with documented refusal in past year.

Logic Description: Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A) Alcohol Screening Exam or Refusal, any Alcohol Health Factor, or Screening Diagnosis; B) Diagnosis in POV, Current PCC or BHS Problem List; C) Patient education.

	CPT Codes	ICD and Other Codes
Alcohol Screening		**PCC Exam Code:** 35 **Any Alcohol Health Factor** **V POV:** V11.3 (history of alcoholism), V79.1 (screening for alcoholism) **BHS Problem Code:** 29.1 (Screening for Alcoholism) **Refusals:** PCC Exam Code 35, in the past year
Alcohol Diagnosis		**V POV, Current PCC or BHS Problem List:** 303.*, 305.0*, 291.*, 357.5* **BHS POV**: 10, 27, 29
Alcohol Education		**Patient Education codes:** containing "AOD-" or "-AOD" (Alcohol and Other Drugs) or old codes containing "CD-" or "-CD" (Chemical Dependency)

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Recommended Brief Screening Tool: Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than 4 drinks in one day?

For Men:

When was the last time you had more than 5 drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors: The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following 4 questions:

1. Have you ever felt the need to **C**ut down on your drinking?

2. Have people **A**nnoyed you by criticizing your drinking?

3. Have you ever felt bad or **G**uilty about your drinking?

4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers are received, document Health Factor on PCC:

> HF – CAGE 0/4 (all No answers)
>
> HF – CAGE 1/4
>
> HF – CAGE 2/4
>
> HF – CAGE 3/4
>
> HF – CAGE 4/4
>
> Optional values:
>
>> Level/Severity: Mild, Moderate, or Severe
>>
>> Quantity: # of drinks daily

Key Logic Changes from CRS Version 6.0:

1. Revised GPRA 2006 target from "increase" to 12% (FY05 rate was 11%).
2. Changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for alcohol use or with a document refusal).

Patient List Description: List of female patients with no documented alcohol screening.

Measure Past Performance and Targets: No HP2010 measure for Alcohol screening.

IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	7.0%
IHS 2010 Target	*25.0%*

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Alcohol Screening (FAS Prevention)


                     REPORT    %    PREV YR   %   CHG from  BASE     %   CHG from
                     PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
ages 15-44
(GPRA)                389          372                      366

# w/any alcohol
 screening
 (GPRA)                15   3.9     11   3.0    +0.9     11   3.0    +0.9
A. # w/exam/alcohol HF/
 screen DX              4   1.0      0   0.0    +1.0      1   0.3    +0.8
B. # w/alcohol related
 diagnosis              8   2.1     11   3.0    -0.9     10   2.7    -0.7
C. # w/alcohol related
 patient education      2   0.5      0   0.0    +0.5      0   0.0    +0.5
D. # w/refusal in
 past year w/% of
 Total Screened         1   6.7      0   0.0    +6.7      0   0.0    +6.7

Female User Population
ages 15-44            531          531                      519

# w/any alcohol
 screening             16   3.0     11   2.1    +0.9     13   2.5    +0.5
A. # w/exam/alcohol HF/
 screen DX
 screening              4   0.8      0   0.0    +0.8      1   0.2    +0.6
B. # w/alcohol related
 diagnosis              9   1.7     11   2.1    -0.4     12   2.3    -0.6
C. # w/alcohol related
 patient education      2   0.4      0   0.0    +0.4      0   0.0    +0.4
D. # w/refusal in
 past year w/% of
 Total Screened         1   6.3      0   0.0    +6.3      0   0.0    +6.3
```

Figure 2-47: Sample Report, Alcohol Screening (FAS Prevention)

```
Alcohol Screening (FAS Prevention): List of female patients with no
documented screening or refusal.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,CHRISTINA         007001 COMMUNITY #1   F  15  UP;AC
PATIENT,EDITH             007002 COMMUNITY #1   F  15  UP;AC
PATIENT,ELOUISE           007003 COMMUNITY #1   F  15  UP;AC
PATIENT,LYLA              007004 COMMUNITY #1   F  15  UP;AC
PATIENT,SHEILA            007005 COMMUNITY #1   F  15  UP;
PATIENT,TAYLOR            007006 COMMUNITY #1   F  15  UP;AC
PATIENT,DARLENE           007007 COMMUNITY #1   F  15  UP;AC
PATIENT,STEPHANIE         007008 COMMUNITY #1   F  15  UP;
PATIENT,ALISON            007009 COMMUNITY #1   F  15  UP;AC
```

Figure 2-48: Sample Patient List, Alcohol Screening (FAS Prevention)

2.7.2 Intimate Partner (Domestic) Violence Screening

GPRA Measure Description: During FY 2006, increase to 14.0% the screening rate for domestic violence in female patients ages 15 through 40.

Denominators:

Female Active Clinical patients ages 13 and older.

GPRA Denominator: Female Active Clinical patients ages 15-40.

Female User Population patients ages 13 and older.

Numerators:

GPRA Numerator: Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.

   A: Patients with documented IPV/DV exam.

   B: Patients with IPV/DV related diagnoses.

   C: Patients provided with education or counseling about Domestic Violence

   D: Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

Logic Description: Age of the patient is calculated at the beginning of the Report period. CRS uses the following codes to define numerators.

	CPT Codes	ICD and Other Codes
IPV/DV Screening		**V Exam:** Code 34 **BHS Exam:** IPV/DV
IPV/DV Diagnosis		**V POV or current Problem List:** 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49 **BHS POV**: 43.*, 44.*
IPV/DV Education		**Patient education codes:** containing "DV-" or "-DV" (Domestic Violence)
IPV/DV Counseling		**V POV:** V61.11
Refusals		**V Exam:** Code 34 BHS IPV/DV exam Patient education codes containing "DV-" or "-DV"

Key Logic Changes from CRS Version 6.0:

1. Revised GPRA 2006 target from "increase" to 14% (FY05 rate was 13%).
2. Changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for domestic violence or with a document refusal).

Patient List Description: List of patients not screened.

Measure Past Performance and Targets: No HP2010 measure for Intimate Partner Violence screening.

IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%
IHS Target FY 2010	*25.0%*

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--------------------------------------------------------------------------------


Intimate Partner (Domestic) Violence Screening (con't)


                    REPORT     %    PREV YR    %   CHG from  BASE      %   CHG from
                    PERIOD          PERIOD         PREV YR % PERIOD        BASE %

# Female Active
Clinical ages
13 and older         683            658                      624

# w/IPV/DV screening
 or refusal           17   2.5        8   1.2     +1.3        9   1.4     +1.0
A. # w/documented
 IPV/DV exam           1   0.1        0   0.0     +0.1        0   0.0     +0.1
B. # w/ IPV/DV related
 diagnosis            11   1.6        8   1.2     +0.4        9   1.4     +0.2
C. # provided DV
 education             2   0.3        0   0.0     +0.3        0   0.0     +0.3
D.  # w/ documented
 refusal w/% of
 total screened        3  17.6        0   0.0    +17.6        0   0.0    +17.6

# Female Active Clinical
ages 15-40
(GPRA)               341            321                      322

# w/IPV/DV screening
 or refusal (GPRA)    13   3.8        4   1.2     +2.6        5   1.6     +2.3
A. # w/ documented
 IPV/DV exam           1   0.3        0   0.0     +0.3        0   0.0     +0.3
B. # w/ IPV/DV related
 diagnosis             7   2.1        4   1.2     +0.8        5   1.6     +0.5
C. # provided DV
 education             2   0.6        0   0.0     +0.6        0   0.0     +0.6
D.  # w/ documented
 refusal w/% of
 total screened        3  23.1        0   0.0    +23.1        0   0.0    +23.1

# Female User Pop
13 and older         897            887                      839

# w/IPV/DV screening
 or refusal           17   1.9        8   0.9     +1.0       10   1.2     +0.7
A. # w/ documented
 IPV/DV exam           1   0.1        0   0.0     +0.1        0   0.0     +0.1
B. # w/ IPV/DV related
 diagnosis            11   1.2        8   0.9     +0.3       10   1.2     +0.0
C. # provided DV
 education             2   0.2        0   0.0     +0.2        0   0.0     +0.2
D.  # w/ documented
 refusal w/% of
 total screened        3  17.6        0   0.0    +17.6        0   0.0    +17.6
```

Figure 2-49: Sample Report, Intimate Partner (Domestic) Violence Screening

```
Intimate Partner (Domestic) Violence Screening: List of patients not
screened.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LINDA             005990 COMMUNITY #1   F   15  UP;AC
PATIENT,ANNIE             005991 COMMUNITY #1   F   15  UP;AC
PATIENT,SHAUNON L         005992 COMMUNITY #1   F   15  UP;
PATIENT,NALA              005993 COMMUNITY #1   F   15  UP;AC
PATIENT,PEGGY L           005994 COMMUNITY #1   F   15  UP;AC
PATIENT,MELANIE           005995 COMMUNITY #1   F   15  UP;AC
PATIENT,ALYSON            005996 COMMUNITY #1   F   15  UP;
PATIENT,JEAN F            005997 COMMUNITY #1   F   16  UP;
```

Figure 2-50: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.3 Depression Screening

GPRA Measure Description: During FY 2006, establish a baseline rate of annual screening for depression in adults ages 18 and over.

Denominators:

GPRA Denominator: <u>Active Clinical</u> patients ages 18 and older. Broken down by gender.

   A. Active Clinical patients ages <u>65 and older</u>.

<u>User Population</u> patients ages 18 and older.

   A. User Population patients ages <u>65 and older</u>.

<u>Active Diabetic patients</u>, defined as all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever. Broken down by gender.

All patients diagnosed with <u>ischemic heart disease</u> prior to the Report period and with at least two IHD-related visits during the Report period. Broken down by gender.

Numerators:

GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

   A: Patients screened for depression during the Report period.

   B: Patients with a diagnosis of a mood disorder during the Report period.

   C: Patients with documented refusal in past year.

Patients with depression-related education or refusal of education in past year.

Logic Description: Age is calculated at beginning of the Report period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes
Diabetes		**V POV:** 250.00-250.93
Ischemic Heart Disease		**V POV:** 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening		**V Exam:** Exam Code 36 **V POV:** V79.0 **BHS Problem Code:** 14.1 (Screening for Depression)
Mood Disorders		**At least 2 visits in PCC or BHS for:** Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15
Screening Refusals		**V Exam:** Exam Code 36, in past year
Depression-related Patient Education or refusal of education		**Patient education codes:** Containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-".

Recommended Brief Screening Tool: Patient Health Questionnaire (PHQ-2 Scaled Version) (below)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

    a. Not at all   Value: 0
    b. Several days   Value: 1
    c. More than half the days   Value: 2
    d. Nearly every day   Value: 3

2. Feeling down, depressed, or hopeless

    a. Not at all   Value: 0
    b. b. Several days   Value: 1
    c. More than half the days   Value: 2
    d. Nearly every day   Value: 3

Total Possible PHQ-2 Score: Range: 0-6

    0-2: Negative
    3-6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 6.0:

1. Added separate, non-GPRA numerator for patients with depression-related patient education.
2. Changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for depression or with a document refusal).

Patient List Description: List of patients not screened for depression/diagnosed with mood disorder.

Measure Source: USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6

Measure Target: IHS 2010 Target: 20.0%

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--------------------------------------------------------------------------------


Depression Screening (con't)

                     REPORT    %    PREV YR    %   CHG from  BASE     %   CHG from
                     PERIOD         PERIOD         PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 (GPRA)          987            958                     915

# w/ Depression screening,
 DX or refusal
 (GPRA)                43   4.4      28    2.9    +1.4       21   2.3    +2.1
A. # screened for
 depression            6    0.6       0    0.0    +0.6        0   0.0    +0.6
B. # w/mood disorder
 DX                    36   3.6      28    2.9    +0.7       21   2.3    +1.4
C. # w/refusal in
 past year w/% of total
 screened/DX           1    2.3       0    0.0    +2.3        0   0.0    +2.3
# w/depression education
 or refusal            6    0.6       0    0.0    +0.6        0   0.0    +0.6

Male Active Clinical
Pts =>18              399            382                     362

# w/ Depression screening,
 DX or refusal         7    1.8       4    1.0    +0.7        2   0.6    +1.2
A. # screened for
 depression            0    0.0       0    0.0    +0.0        0   0.0    +0.0
B. # w/Mood Disorder
 DX                    6    1.5       4    1.0    +0.5        2   0.6    +1.0
C. # w/refusal in
 past year w/% of total
 screened/DX           1   14.3       0    0.0   +14.3        0   0.0   +14.3
# w/depression education
 or refusal            1    0.3       0    0.0    +0.3        0   0.0    +0.3

Female Active Clinical
Pts =>18              588            576                     553

# w/ Depression screening,
 DX or refusal         36   6.1      24    4.2    +2.0       19   3.4    +2.7
A. # screened for
 depression            6    1.0       0    0.0    +1.0        0   0.0    +1.0
B. # w/Mood Disorder
 DX                    30   5.1      24    4.2    +0.9       19   3.4    +1.7
C. # w/refusal in
 past year w/% total
 screened/DX           0    0.0       0    0.0    +0.0        0   0.0    +0.0
# w/depression education
 or refusal            5    0.9       0    0.0    +0.9        0   0.0    +0.9
```

Figure 2-51: Sample Report, Depression Screening

```
Depression Screening: List of patients not screened for
depression/diagnosed with mood disorder.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
---------------------------------------------------------------------------
PATIENT,JOSEPH           007700 COMMUNITY #1   M  18  UP;AC
PATIENT,OTIS             007701 COMMUNITY #1   M  20  UP;AC
PATIENT,GEORGE           007702 COMMUNITY #1   M  21  UP
PATIENT,GARCIA           007703 COMMUNITY #1   M  33  UP;AC
PATIENT,MICHAEL          007704 COMMUNITY #1   M  38  UP;AC;AD
PATIENT,ARNUM            007705 COMMUNITY #1   M  40  UP
PATIENT,SEAN             007706 COMMUNITY #1   M  46  UP;AC;AD
```

Figure 2-52: Sample Patient List, Depression Screening

2.7.4 Antidepressant Medication Management

Measure Description: For FY 2006, establish the baseline rate for patients with new depression diagnosis who are receiving appropriate treatment medication.

Denominators:

As of the 120th day of the Report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report period, User Population patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerators:

Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months).

Logic Description: To be included in the denominator, patient must meet both of the following conditions:

1. One of the following from the 121st day of the year prior to the Report period to the 120th day of the Report period: 1) one visit in any setting with major depression DX (see list of codes below) as primary POV, 2) two outpatients visits occurring on different dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression.

   For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.

   Major depression defined as POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

2. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of the earliest prescription for antidepressant medication filled during that time period.

Denominator Exclusions:

1. Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or

2. Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or

3. Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* AND secondary POV of 291*-292*, 303*-305*.

Optimal Practitioner Contacts numerator: Patient must have one of the following:

1. Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or

2. Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date.

For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6. NOTE: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, AND

   a. 1) Service category A, S, or O, AND 2A) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or 2B) POV 290*, 293*-302*, 306*-316*, OR

   b. 1) Service category of A, S, or O AND 2A) Location of Encounter = Home (as designated in Site Parameters) or 2B) clinic code = 11, OR

   c. Service category of T.

Outpatient non-mental health provider visits are defined as BHS or PCC visits with:

   a. 1) Service category A, S, or O, AND 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, OR

   b. 1) Service category A, S, O, or T OR 2) Location of Encounter = Home (as designated in Site Parameters) OR 3A) clinic code 11 AND 3B) POV 290*, 293*-302*, 306*-316*, OR

   c. 1) Service category A, S, or O, AND 2) CPT 99384-99387, 99394-99397, 99401-99404 AND 3) POV 290*, 293*-302*, 306*-316*.

Effective Acute Phase Treatment numerator: For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30
  Rx covers patient through 12/1/2004
- 2nd RX: 12/15/2004, # Days Prescribed=30

Gap #1 = (12/15/2004-12/1/2004) = 14 days
Rx covers patient through 1/14/2005

- 3rd RX: 1/10/2005, # Days Prescribed=30
  No gap days.
  Rx covers patient through 2/13/2005
- Index Rx Date 11/1/2004 + 114 days = 2/23/2005
- Patient's 84th treatment day occurs on 2/7/2005, which is <= 2/23/2005 AND # gap days of 14 is less than 30.

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30
  Rx covers patient through 12/1/2004
- 2nd Rx: 12/15/2004, # Days Prescribed=30
  Gap #1 = (12/15/2004-12/1/2004) = 14 days
  Rx covers patient through 1/14/2005
- 3rd Rx: 2/01/2005, # Days Prescribed=30
  Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment numerator: For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription 6   Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.)

Measure Source: HEDIS, HP 2010 18-9b.

Measure Target: HP 2010 Target: 50.0%

Key Logic Changes from CRS Version 6.0:

1. Replaced previous list of medications developed by IHS with a HEDIS-developed list of medications that is pre-populated by NDC.

2. Renamed medication taxonomy to reflect the fact that it is a HEDIS developed taxonomy.

Patient List Description: List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

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Antidepressant Medication Management (con't)

                   REPORT     %    PREV YR    %  CHG from  BASE      %   CHG from
                   PERIOD          PERIOD        PREV YR % PERIOD         BASE %

Active Clinical Pts =>18 w/new
depression DX and
antidepressant meds     15               8                      14

# w/3 outpt mental
 health visits within
 12 weeks               3  20.0         3  37.5    -17.5      7  50.0     -30.0
# w/12 week treatment
 meds                   7  46.7         4  50.0     -3.3      6  42.9      +3.8
# w/180 day treatment
 meds                   4  26.7         2  25.0     +1.7      4  28.6      -1.9

User Pop Pts =>18 w/new
depression DX and
antidepressant meds     15               8                      14

# w/3 outpt mental
 health visits within
 12 weeks               3  20.0         3  37.5    -17.5      7  50.0     -30.0
# w/12 week treatment
 meds                   7  46.7         4  50.0     -3.3      6  42.9      +3.8
# w/180 day treatment
 meds                   4  26.7         2  25.0     +1.7      4  28.6      -1.9

```

Figure 2-53: Sample Report, Antidepressant Medication Management

```
Antidepressant Medication Management: List of patients with new depression DX and
optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase
treatment (CONPT), if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME               HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,JUANITA         002567 COMMUNITY #1   F  20  UP,AC IESD: 10/22/02NOT OPC;
APT;NOT CONPT: 10/22/02(20);01/31/03(90) ;DAYS=110; GAP=121
PATIENT,LYNN            002568 COMMUNITY #1   F  28  UP,AC IESD: 03/14/03NOT OPC;NOT
APT: 03/18/03(23);04/10/03(60) ;DAYS=83; GAP=31;NOT CONPT: 03/18/03(23);04/10/03(60)
;DAYS=83; GAP=148
PATIENT,JEAN            002569 COMMUNITY #1   F  34  UP,AC IESD: 10/24/02NOT OPC;NOT
APT: 10/21/02(3);10/24/02(10);11/27/02(26);11/27/02(26);12/23/02(30);12/23/02(30)
;DAYS=125; GAP=45;NOT CONPT:
10/21/02(3);10/24/02(10);11/27/02(26);11/27/02(26);12/23/02(30);12/23/02(30)
;DAYS=125; GAP=162
PATIENT,SARAH           002570 COMMUNITY #1   F  44  UP,AC IESD: 06/24/02NOT OPC;
APT;NOT CONPT: 06/24/02(30);07/22/02(100) ;DAYS=130; GAP=101
PATIENT,DORY            002571 COMMUNITY #1   F  49  UP,AC IESD: 09/19/02OPC;
APT;CONPT
```

Figure 2-54: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Measure Description: During FY 2006, each Area will increase the number of patients for whom BMI data can be measured by 5%.

Denominators:

Active Clinical patients ages 2 through 74. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

All User Population patients ages 2 through 74.

Numerators:

Patients for whom a BMI could be calculated, including refusals in the past year.

A: For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

B: For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

C: Total of overweight and obese.

D: Patients with documented refusal in past year.

Logic Description: Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients for whom BMI could NOT be calculated.

Performance Improvement Tips:

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a Qman search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.

2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.

3. If height and weight measurements are being recorded as cm/kg vs. in/lbs, ensure providers are noting they are cm/kg AND that data entry is entering the measurements correctly in PCC, as shown below.

    - Use mnemonics of CHT and KWT (vs. HT and WT), or

    - Add "c" after height value and "k" after weight value (e.g. 100c, 50k)

Measure Past Performance:

IHS FY 2005 Performance	64.0%
IHS FY 2004 Performance	60.0%

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Obesity Assessment (con't)


                   REPORT    %    PREV YR    %   CHG from  BASE      %   CHG from
                   PERIOD         PERIOD          PREV YR % PERIOD        BASE %

Active Clinical Pts
ages 2-74          1,454          1,442                    1,457

# w/BMI calculated   215  14.8     224  15.5    -0.7      258  17.7     -2.9
A. # Overweight w/
 % of Total BMI       53  24.7      75  33.5    -8.8       56  21.7     +2.9
B. # Obese w/
 % of Total BMI       75  34.9      86  38.4    -3.5       92  35.7     -0.8
C. # Overweight/Obese w/
 % of Total BMI      128  59.5     161  71.9   -12.3      148  57.4     +2.2
D. # w/refusal in past
 year w/ % of
 Total BMI             3   1.4       0   0.0    +1.4        0   0.0     +1.4


Male Active Clinical
Pts 2-74             631           624                     636

# w/BMI calculated    97  15.4      92  14.7    +0.6      106  16.7     -1.3
A. # Overweight w/
 % of Total BMI       26  26.8      34  37.0   -10.2       23  21.7     +5.1
B. # Obese w/
 % of Total BMI       25  25.8      28  30.4    -4.7       29  27.4     -1.6
C. #Overweight/Obese w/
 % of Total BMI       51  52.6      62  67.4   -14.8       52  49.1     +3.5
D. # w/refusal in past
 year w/ % of
 Total BMI             0   0.0       0   0.0    +0.0        0   0.0     +0.0


Female Active Clinical
Pts 2-74             823           818                     821

# w/BMI calculated   118  14.3     132  16.1    -1.8      152  18.5     -4.2
A. # Overweight w/
 % of Total BMI       27  22.9      41  31.1    -8.2       33  21.7     +1.2
B. # Obese w/
 % of Total BMI       50  42.4      58  43.9    -1.6       63  41.4     +0.9
C. #Overweight/Obese w/
 % of Total BMI       77  65.3      99  75.0    -9.7       96  63.2     +2.1
D. # w/refusal in past
 year w/ % of
 Total BMI             3   2.5       0   0.0    +2.5        0   0.0     +2.5
```

Figure 2-55: Sample Report, Obesity Assessment

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-------------------------------------------------------------------------------
Obesity Assessment (con't)


                      TOTAL ACTIVE CLINICAL POPULATION
                                Age Distribution
                  2-5   6-11   12-19  20-24  25-34  35-44  45-54  55-74

CURRENT REPORT PERIOD
Total # Active Clin    148    181    254    108    195    203    155    210
# w/ BMI calculated     39     31     45     16     25     21     19     19
% w/BMI calculated    26.4   17.1   17.7   14.8   12.8   10.3   12.3    9.0

# Overweight             5      3      8      5      8      6      9      9
% Overweight w/
 % Total BMI          12.8    9.7   17.8   31.3   32.0   28.6   47.4   47.4

# Obese                  7      5     14      6     14     13      9      7
% Obese w/
 % of Total BMI       17.9   16.1   31.1   37.5   56.0   61.9   47.4   36.8

# Overweight or Obese   12      8     22     11     22     19     18     16
% Overweight or Obese w/
 % Total BMI          30.8   25.8   48.9   68.8   88.0   90.5   94.7   84.2

# w/refusal in past yr   0      0      1      2      0      0      0      0
% w/refusal in past yr w/
 % Total BMI           0.0    0.0    2.2   12.5    0.0    0.0    0.0    0.0


PREVIOUS YEAR PERIOD
Total # Active Clin    158    198    247    101    200    194    145    199
# w/ BMI calculated     48     17     43     19     24     28     21     24
% w/BMI calculated    30.4    8.6   17.4   18.8   12.0   14.4   14.5   12.1

# Overweight            15      5     16      9      6     12      6      6
% Overweight w/
 % Total BMI          31.3   29.4   37.2   47.4   25.0   42.9   28.6   25.0

# Obese                 14      3     10      7     15     14     12     11
% Obese w/
 % of Total BMI       29.2   17.6   23.3   36.8   62.5   50.0   57.1   45.8

# Overweight or Obese   29      8     26     16     21     26     18     17
% Overweight or Obese w/
 % Total BMI          60.4   47.1   60.5   84.2   87.5   92.9   85.7   70.8

# w/refusal in past yr   0      0      0      0      0      0      0      0
% w/refusal in past yr w/
 % Total BMI           0.0    0.0    0.0    0.0    0.0    0.0    0.0    0.0


CHANGE FROM PREV YR %
w/ BMI calculated     -4.0   +8.5   +0.3   -4.0   +0.8   -4.1   -2.2   -3.0
Overweight           -18.4  -19.7  -19.4  -16.1   +7.0  -14.3  +18.8  +22.4
Obese                -11.2   -1.5   +7.9   +0.7   -6.5  +11.9   -9.8   -9.0
Overweight or Obese  -29.6  -21.3  -11.6  -15.5   +0.5   -2.4   +9.0  +13.4
w/refusal in past yr  +0.0   +0.0   +2.2  +12.5   +0.0   +0.0   +0.0   +0.0
```

Figure 2-56: Sample Report, Age Breakout, Obesity Assessment

```
Obesity Assessment: List of patients for whom BMI could NOT be calculated.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,DOROTHY          000800 COMMUNITY #1   F   2   UP;AC
PATIENT,TANYA J          000801 COMMUNITY #1   F   2   UP;AC
PATIENT,PAULINDA         000802 COMMUNITY #1   F   2   UP;AC
PATIENT,ANNA             000803 COMMUNITY #1   F   2   UP
PATIENT,JACQUELINE C     000804 COMMUNITY #1   F   2   UP;AC
PATIENT,DAWN             000805 COMMUNITY #1   F   2   UP;AC
```

Figure 2-57: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Measure Description: During FY 2006, establish the baseline proportion of children ages 2-5 years, with a BMI of 95% or higher.

Denominator:

GPRA Denominator: Active Clinical patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

Numerators:

Patients with BMI 85-94%.

GPRA Numerator: Patients with a BMI 95% and up.

Patients with a BMI =>85%.

Logic Description: All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.

BMI STANDARD REFERENCE DATA

LOW-HIGH AGES	SEX	BMI >= (RISK – OVERWT)	BMI >= (OVERWT)	DATA CHECK LIMIT BMI>	DATA CHECK LIMIT BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients ages 2-5, with current BMI, if any.

Measure Target: IHS 2010 Goal: Reduce by 10%

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Childhood Weight Control (con't)

                      REPORT    %    PREV YR   %   CHG from  BASE      %  CHG from
                      PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
2-5 w/BMI
(GPRA)                  35             41                      42

# w/BMI 85-94%           3   8.6     10  24.4    -15.8        3   7.1     +1.4
# w/BMI =>95%
 (GPRA)                  6  17.1     12  29.3    -12.1        5  11.9     +5.2
# w/BMI =>85%            9  25.7     22  53.7    -27.9        8  19.0     +6.7

Active Clinical Pts
Age 2                    6              7                       7

# w/BMI 85-94%           1  16.7      1  14.3     +2.4        1  14.3     +2.4
# w/BMI =>95%            0   0.0      2  28.6    -28.6        0   0.0     +0.0
# w/BMI =>85%            1  16.7      3  42.9    -26.2        1  14.3     +2.4

Active Clinical Pts
Age 3                    4              7                      15

# w/BMI 85-94%           0   0.0      1  14.3    -14.3        1   6.7     -6.7
# w/BMI =>95%            1  25.0      2  28.6     -3.6        2  13.3    +11.7
# w/BMI =>85%            1  25.0      3  42.9    -17.9        3  20.0     +5.0

Active Clinical Pts
Age 4                   20             22                      16

# w/BMI 85-94%           1   5.0      6  27.3    -22.3        1   6.3     -1.3
# w/BMI =>95%            5  25.0      6  27.3     -2.3        2  12.5    +12.5
# w/BMI =>85%            6  30.0     12  54.5    -24.5        3  18.8    +11.3

Active Clinical Pts
Age 5                    5              5                       4

# w/BMI 85-94%           1  20.0      2  40.0    -20.0        0   0.0    +20.0
# w/BMI =>95%            0   0.0      2  40.0    -40.0        1  25.0    -25.0
# w/BMI =>85%            1  20.0      4  80.0    -60.0        1  25.0     -5.0
```

Figure 2-58: Sample Report, Childhood Weight Control

```
Childhood Weight Control: List of patients ages 2-5, with current BMI.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
----------------------------------------------------------------------------
PATIENT,SUMMER LYNN     004500 COMMUNITY #1   F   2   AC            15.48:07/08/03 Age at
BMI: 3
PATIENT,ELLEN MAURICE   004501 COMMUNITY #1   F   2   AC            17.31:01/09/03 Age at
BMI: 2
PATIENT,JENNY           004502 COMMUNITY #1   F   2   AC            17.16:01/28/03 Age at
BMI: 2
PATIENT,EVA             004503 COMMUNITY #1   F   3   AC            15.13:10/06/03 Age at
BMI: 4
PATIENT,MARY T          004504 COMMUNITY #1   F   3   AC            16.47:03/12/03 Age at
BMI: 3
PATIENT,DARLENE         004505 COMMUNITY #1   F   4   AC            16.02:11/28/03 Age at
BMI: 5
```

Figure 2-59: Sample Patient List, Childhood Weight Control

2.8.3 Nutrition and Exercise Education for At Risk Patients

Measure Description: Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

Denominators:

Active Clinical patients ages 6 and older considered overweight (including obese). Breakdown by gender.

> A: Obese patients only. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerators: Patients provided with medical nutrition counseling during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

Logic Description: Age of the patient is calculated at beginning of Report period. Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than (=>) 25. Obese: Ages 19 and older, BMI equal to or greater than (=>) 30. For ages 18 and under, definition based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on

the same day any time in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

CRS uses the following codes to define the numerators.

	CPT Codes	ICD and Other Codes
Medical nutrition counseling	97802-97804, G0270, G0271	**Provider codes:** 07, 29, 97, 99 **Clinic codes:** 67 (dietary) or 36 (WIC)
Nutrition education		**V POV:** V65.3 dietary surveillance and counseling **Patient education codes:** ending "-N" (nutrition), "-MNT" (medical nutrition therapy), (or old code "-DT" (diet)).
Exercise education		**V POV**: V65.41 exercise counseling **Patient education codes:** ending "-EX" (exercise).
Related exercise and nutrition counseling		**Patient education codes:** ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Key Logic Changes from CRS Version 6.0: None

Patient List Description: A list of at risk patients with education, if any.

Measure Targets for Diabetic Education:

HP 1997 data	42.0%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75.0%

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Nutrition and Exercise Education for At Risk Patient (con't)

                     REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD      BASE %

# Overweight Active Clinical
patients =>6          116            132                    139

# w/medical nutrition
 counseling            22  19.0       18  13.6    +5.3      29  20.9    -1.9
# specific nutrition
 education provided     29  25.0       19  14.4   +10.6      47  33.8    -8.8
# w/exercise educ       5   4.3        6   4.5    -0.2      16  11.5    -7.2
# w/ other exec
 or nutrition educ      2   1.7        1   0.8    +1.0       1   0.7    +1.0

# Male Overweight Active
Clinical pts =>6       45             44                     46

# w/medical nutrition
 counseling             9  20.0        4   9.1   +10.9      10  21.7    -1.7
# specific nutrition
 education provided     11  24.4        4   9.1   +15.4      16  34.8   -10.3
# w/exercise educ       1   2.2        1   2.3    -0.1       6  13.0   -10.8
# w/ other exec
 or nutrition educ      0   0.0        0   0.0    +0.0       1   2.2    -2.2

# Female Overweight Active
Clinical pts =>6       71             88                     93

# w/medical nutrition
 counseling            13  18.3       14  15.9    +2.4      19  20.4    -2.1
# specific nutrition
 education provided     18  25.4       15  17.0    +8.3      31  33.3    -8.0
# w/exercise educ       4   5.6        5   5.7    -0.0      10  10.8    -5.1
# w/ other exec
 or nutrition educ      2   2.8        1   1.1    +1.7       0   0.0    +2.8
```

Figure 2-60: Sample Report, Nutrition and Exercise Education for At Risk Patients

```
Nutrition and Exercise Education for At Risk Patient (con't)

                    TOTAL OBESE ACTIVE CLINICAL POPULATION
                              Age Distribution
# Obese Active Clinical       6-11   12-19   20-39   40-59   =>60

CURRENT REPORT PERIOD
# Obese Active Clinical          5      14      25      19       5
# Med Nutr Educ                  0       0       6       4       1
% w/Med Nutr Educ              0.0     0.0    24.0    21.1    20.0

# w/spec nutr educ               0       1       6       8       1
% w/spec nutr ed               0.0     7.1    24.0    42.1    20.0

# w/exercise educ                0       0       0       4       0
% w/exercise ed                0.0     0.0     0.0    21.1     0.0

# w/other educ                   0       0       1       1       0
% w/other educ                 0.0     0.0     4.0     5.3     0.0
```

Figure 2-61: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

```
Nutrition and Exercise Education for At Risk Patients: List of at risk
patients, with education if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN     COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,LANA            008225 COMMUNITY #1   F  10  OW;             10/28/03 WL-MNT SN;
PATIENT,GRACE           008226 COMMUNITY #1   F  14  AD;             06/25/03 DM-DT
SN;06/25/03 DM-EX EX;
PATIENT,RENAE           008227 COMMUNITY #1   F  15  OW;
PATIENT,JENNIFER        008228 COMMUNITY #1   F  17  OW;OB
PATIENT,ESTHER          008229 COMMUNITY #1   F  18  OW;OB
PATIENT,JOYCE           008230 COMMUNITY #1   F  20  OW;OB
PATIENT,PRICILLA        008231 COMMUNITY #1   F  25  OW;
PATIENT,NORA            008232 COMMUNITY #1   F  25  OW;OB          06/23/03 TO-LA OTH
PATIENT,LUCILLE         008233 COMMUNITY #1   F  26  AD;
PATIENT,SELINA          008234 COMMUNITY #1   F  27  OW;AD;OB    01/08/03 Prv:
29;03/11/03 V65.3 SN;
```

Figure 2-62: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.4 Cardiovascular Disease and Cholesterol Screening

GPRA Measure Description: During FY 2006, increase to 44.0% the proportion of patients ages 23 and older that receive blood cholesterol screening.

Denominators:

GPRA Denominator: Active Clinical patients ages 23 and older, broken down by gender.

User Population patients ages 23 and older, broken down by gender.

Active Clinical patients diagnosed with <u>ischemic heart disease</u> prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

Numerators:

GPRA Numerator: Patients with documented blood cholesterol screening any time in the past 5 years.

Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240.

Patients with LDL completed in the past 5 years, regardless of result.

Patients with LDL <= 100.

Patients with LDL 101-130.

Patients with LDL 131-160.

Patients with LDL > 160

Logic Description: Age is calculated at the beginning of the Report period. Counts all Y instances reported, regardless of the results of the measurement.

CRS uses the following codes to define the IHD numerator.

	CPT Codes	ICD and Other Codes
Ischemic Heart Disease		**V POV:** 410.0-412.*, 414.0-414.9, 428.*, 429.2

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465		Yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 6.0: Revised GPRA 2006 target from "increase" to 44% (FY05 rate was 43%)**.**

Patient List Description: List of patients with cholesterol or LDL value, if any.

Measure Source: HP 2010 12-15

Measure Past Performance and Targets:

IHS FY 2005 Performance (blood cholesterol screening)	43.0%
HP 1998 baseline	67.0%
HP 2010 target for adults who have had blood cholesterol checked (12.15)	*80.0%*
HP 2010 target for adults with high cholesterol	17.0%

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Cardiovascular Disease and Cholesterol Screening (con't)

                     REPORT    %    PREV YR   %   CHG from  BASE     %   CHG from
                     PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 23
(GPRA)                862            840                     816

# w/Cholesterol screen
 w/in 5 yrs
 (GPRA)               124  14.4      113  13.5    +0.9        79  9.7     +4.7
# w/ High Chol
 => 240                11   1.3        8   1.0    +0.3         7  0.9     +0.4
# w/LDL done
 in past 5 yrs        129  15.0       39   4.6   +10.3        43  5.3     +9.7
# w/LDL =<100           8   0.9        6   0.7    +0.2         7  0.9     +0.1
# w/LDL 101-130        22   2.6       21   2.5    +0.1        20  2.5     +0.1
# w/LDL 131-160         8   0.9        8   1.0    -0.0         9  1.1     -0.2
# w/LDL >160            2   0.2        1   0.1    +0.1         2  0.2     -0.0

Male Active Clinical
Pts =>23              342            329                     313

# w/Cholesterol screen
 w/in 5 yrs            44  12.9       41  12.5    +0.4        32 10.2     +2.6
# w/ High Chol
 => 240                 3   0.9        3   0.9    -0.0         3  1.0     -0.1
# w/LDL done
 in past 5 yrs         59  17.3       19   5.8   +11.5        21  6.7    +10.5
# w/LDL =<100           3   0.9        2   0.6    +0.3         3  1.0     -0.1
# w/LDL 101-130        10   2.9       10   3.0    -0.1         9  2.9     +0.0
# w/LDL 131-160         5   1.5        5   1.5    -0.1         6  1.9     -0.5
# w/LDL >160            0   0.0        0   0.0    +0.0         0  0.0     +0.0

Female Active Clinical
Pts =>23              520            511                     503

# w/Cholesterol screen
 w/in 5 yrs            80  15.4       72  14.1    +1.3        47  9.3     +6.0
# w/ High Chol
 => 240                 8   1.5        5   1.0    +0.6         4  0.8     +0.7
# w/LDL done
 in past 5 yrs         70  13.5       20   3.9    +9.5        22  4.4     +9.1
# w/LDL =<100           5   1.0        4   0.8    +0.2         4  0.8     +0.2
# w/LDL 101-130        12   2.3       11   2.2    +0.2        11  2.2     +0.1
# w/LDL 131-160         3   0.6        3   0.6    -0.0         3  0.6     -0.0
# w/LDL >160            2   0.4        1   0.2    +0.2         2  0.4     -0.0
```

Figure 2-63: Sample Report, CVD and Cholesterol Screening

```
Cardiovascular Disease and Cholesterol Screening: List of patients with
cholesterol or LDL value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,MARY             007755 COMMUNITY #1   F  25  UP;AC           ;LDL 07/15/03
PATIENT,SHEILA           007756 COMMUNITY #1   F  25  UP
PATIENT,RACHEL           007757 COMMUNITY #1   F  26  UP;AC
PATIENT,MARLENE          007758 COMMUNITY #1   F  26  UP;AC       CHOL 11/13/02 172
PATIENT,NATESHA          007759 COMMUNITY #1   F  26  UP;AC           ;LDL 04/30/03
PATIENT,LUCILLE          007760 COMMUNITY #1   F  26  UP;AC           ;LDL 12/04/03 115
```

Figure 2-64: Sample Patient List, CVD and Cholesterol Screening

2.8.5 Cardiovascular Disease and Blood Pressure Control

Measure Description: For FY 2006, establish the proportion of patients ages 18 and older whose blood pressure has been assessed in past two years and establish the proportion of individuals with known ischemic heart disease and appropriate BP assessment.

Denominators:

All Active Clinical patients ages 20 and over, broken down by gender.

All User Population patients ages 20 and older, broken down by gender.

Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

Numerators:

Patients with Blood Pressure value documented at least twice in prior two years.

Patients with normal Blood Pressure (BP), defined as < 120/80.

Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100.

Patients with Stage 2 Hypertension BP, defined as => 160/100.

Logic Description: Age of the patient is calculated at beginning of the Report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit

contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define the IHD numerator.

	CPT Codes	ICD and Other Codes
Ischemic Heart Disease		**V POV:** 410.0-412.*, 414.0-414.9, 428.*, 429.2

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of Patients => 20 w/ denominator identified & mean BP, if any.

Measure Source: HP 2010 12-10, 12-12

Measure Targets:

IHS 2010 target for blood pressure assessed	95.0%
HP 2010 target for adults with high blood pressure (140/90)	16.0%

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-------------------------------------------------------------------------------


Cardiovascular Disease and Blood Pressure Control (con't)


                    REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD       BASE %
Active Clinical Patients
ages 20 and older    933          905                    869

# w/ BPs
 documented          785  84.1    761  84.1    +0.0      691  79.5    +4.6
# w/Normal BP        143  15.3    147  16.2    -0.9      168  19.3    -4.0
# w/PRE HTN I BP     186  19.9    166  18.3    +1.6      163  18.8    +1.2
# w/PRE HTN II BP    252  27.0    244  27.0    +0.0      187  21.5    +5.5
# w/Stage 1
 HTN BP             186  19.9    178  19.7    +0.3      151  17.4    +2.6
# w/Stage 2
 HTN BP              18   1.9     26   2.9    -0.9       22   2.5    -0.6

Male Active Clinical Patients
ages 20 and older    373          358                    335

# w/ BPs
 documented          307  82.3    295  82.4    -0.1      250  74.6    +7.7
# w/Normal BP         27   7.2     33   9.2    -2.0       36  10.7    -3.5
# w/PRE HTN I BP      53  14.2     44  12.3    +1.9       49  14.6    -0.4
# w/PRE HTN II BP    117  31.4    113  31.6    -0.2       77  23.0    +8.4
# w/Stage 1
 HTN BP             100  26.8     93  26.0    +0.8       82  24.5    +2.3
# w/Stage 2
 HTN BP              10   2.7     12   3.4    -0.7        6   1.8    +0.9

Female Active Clinical Patients
ages 20 and older    560          547                    534

# w/ BPs
 documented          478  85.4    466  85.2    +0.2      441  82.6    +2.8
# w/Normal BP        116  20.7    114  20.8    -0.1      132  24.7    -4.0
# w/PRE HTN I BP     133  23.8    122  22.3    +1.4      114  21.3    +2.4
# w/PRE HTN II BP    135  24.1    131  23.9    +0.2      110  20.6    +3.5
# w/Stage 1
 HTN BP              86  15.4     85  15.5    -0.2       69  12.9    +2.4
# w/Stage 2
 HTN BP               8   1.4     14   2.6    -1.1       16   3.0    -1.6
```

Figure 2-65: Sample Report, CVD and Blood Pressure Control

```
Cardiovascular Disease and Blood Pressure Control: List of Patients => 20
w/ denominator identified & mean BP, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME            HRN    COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,EMERALD JEAN    010001 COMMUNITY #1   F   20  UP;AC;      134/69 PRE STG II
PATIENT,JEN             010002 COMMUNITY #1   F   20  UP;AC;      112/65 NORMAL
PATIENT,CHRISTINE       010003 COMMUNITY #1   F   20  UP;AC;      112/57 NORMAL
PATIENT,PAMELA          010004 COMMUNITY #1   F   20  UP;AC;      117/71 NORMAL
PATIENT,LACEY GRAHAM    010005 COMMUNITY #1   F   20  UP;AC;      122/66 PRE STG 1
PATIENT,REAGAN          010006 COMMUNITY #1   F   20  UP;         unknown
PATIENT,TAMARA          010007 COMMUNITY #1   F   20  UP;AC;      125/68 PRE STG 1
```

Figure 2-66: Sample Patient List, CVD and Blood Pressure Control

2.8.6 Controlling High Blood Pressure

Measure Description: Increase the percentage of enrolled members 46–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90) during the measurement year.

Denominator:

Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender.

Numerators:

Number of patients with Blood Pressure value documented during the Report period.

Patients with normal BP, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.

Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Logic Description: Age of the patient is calculated at beginning of the Report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define end-stage renal disease (ESRD) and hypertension.

	CPT Codes	**ICD and Other Codes**
ESRD	90921, 90925	**V POV:** 585.1-585.9, 585 (old code)
Hypertension		**V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period:** 401.*

Key Logic Changes from CRS Version 6.0: Added POV code 585 as old code for ESRD definition.

Patient List Description: List of patients with hypertension and BP value, if any.

Measure Source: HP 2010 12-9, 12-10, 12-12

Measure Targets:

IHS 2010 target for blood pressure assessed	95.0%
HP 2010 target for adults with high blood pressure (140/90)	16.0%

```
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Controlling High Blood Pressure


                    REPORT     %    PREV YR    %   CHG from  BASE      %  CHG from
                    PERIOD          PERIOD         PREV YR % PERIOD       BASE %

Active Clinical Pts
46-85 w/HTN dx        150             132                    117

# w/ BPs
 documented          147  98.0      131  99.2     -1.2     115  98.3     -0.3
# w/Normal BP         12   8.0        9   6.8     +1.2       6   5.1     +2.9
# w/Pre HTN I BP      28  18.7       13   9.8     +8.8      15  12.8     +5.8
# w/Pre HTN II BP     41  27.3       47  35.6     -8.3      31  26.5     +0.8
# w/Stage 1
 HTN BP              59  39.3       51  38.6     +0.7      50  42.7     -3.4
# w/Stage 2
 HTN BP               7   4.7       11   8.3     -3.7      13  11.1     -6.4

Male Active Clinical Pts
46-85 w/HTN           78              65                     57

# w/ BPs
 documented           75  96.2       65 100.0     -3.8      55  96.5     -0.3
# w/Normal BP          4   5.1        4   6.2     -1.0       2   3.5     +1.6
# w/Pre HTN I BP      13  16.7        4   6.2    +10.5       5   8.8     +7.9
# w/Pre HTN II BP     23  29.5       29  44.6    -15.1      17  29.8     -0.3
# w/Stage 1
 HTN BP              32  41.0       23  35.4     +5.6      29  50.9     -9.9
# w/Stage 2
 HTN BP               3   3.8        5   7.7     -3.8       2   3.5     +0.3

Female Active Clinical Pts
46-85 w/HTN           72              67                     60

# w/ BPs
 documented           72 100.0       66  98.5     +1.5      60 100.0     +0.0
# w/Normal BP          8  11.1        5   7.5     +3.6       4   6.7     +4.4
# w/Pre HTN I BP      15  20.8        9  13.4     +7.4      10  16.7     +4.2
# w/Pre HTN II BP     18  25.0       18  26.9     -1.9      14  23.3     +1.7
# w/Stage 1
 HTN BP              27  37.5       28  41.8     -4.3      21  35.0     +2.5
# w/Stage 2
 HTN BP               4   5.6        6   9.0     -3.4      11  18.3    -12.8
```

Figure 2-67: Sample Report, Controlling High Blood Pressure

```
Controlling High Blood Pressure: List of patients with hypertension and BP
value, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
----------------------------------------------------------------------------
PATIENT,THOMAS           002500 COMMUNITY #1   M  68  HTN PT      158/81 STG 1 HTN
PATIENT,WILLIAM          002501 COMMUNITY #1   M  69  HTN PT      129/75 PRE STG 1
PATIENT,ZACH             002502 COMMUNITY #1   M  70  HTN PT      133/71 PRE STG II
PATIENT,ADRIAN           002503 COMMUNITY #1   M  72  HTN PT      147/78 STG 1 HTN
PATIENT,LARRY CARL       002504 COMMUNITY #1   M  73  HTN PT      157/86 STG 1 HTN
```

Figure 2-68: Sample Patient List, Controlling High Blood Pressure

2.8.7 Comprehensive CVD-Related Assessment

Proposed GPRA Measure Description: Proposed GPRA FY 2007: During FY 2007, establish the baseline proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.

Denominators:

Active Clinical patients ages 46 and older who are not diabetic (no diagnosis ever).

User Population patients ages 46 and older who are not diabetic (no diagnosis ever).

Active Diabetic patients ages 46 and older, defined as all Active Clinical patients diagnosed with diabetes prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever.

Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period. Broken down by gender.

Numerators:

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Patients with ALL assessments above.

Logic Description: Age of the patient is calculated at beginning of the Report period. Definition for patients without diabetes is no diabetes diagnosis ever (POV 250.00-250.93). Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. For BMI, CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

CRS uses the following codes and taxonomies to define the numerators.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening		**Any health factor for category Tobacco (see table on next page)** **V POV or current Active Problem List:** 305.1, 305.1* (old codes), V15.82 **Patient education codes:** containing "TO-" or "-TO" or "-SHS" **Dental code:** 1320		
Medical Nutrition Counseling	97802-97804, G0270, G0271	**Provider codes:** 07, 29, 97, 99 **Clinic codes:** 67 (dietary) or 36 (WIC)		
Nutrition Education		**V POV:** V65.3 dietary surveillance and counseling **Patient education codes:** ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)).		
Exercise Education		**V POV**: V65.41 exercise counseling **Patient education codes:** ending "-EX" (exercise).		
Related Exercise and Nutrition Counseling		**Patient education codes:** ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).		
Depression Screening		**V Exam:** Exam Code 36 **V POV:** V79.0 **BHS Problem Code:** 14.1 (Screening for Depression) **Refusals:** Exam Code 36		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		**At least 2 visits in PCC or BHS for:** Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		

All existing national Tobacco Health Factors listed below are counted as tobacco screening.

Health Factor	
Ceremonial	Previous Smokeless
Cessation-Smokeless	Previous Smoker
Cessation-Smoker	Smoke Free Home
Current Smokeless	Smoker In Home
Current Smoker	Current Smoker & Smokeless
Non-Tobacco User	Exposure To Environmental Tobacco Smoke

Key Logic Changes from CRS Version 6.0:

1. Fixed problem for tobacco screening numerator that did not count patients with tobacco screening documented with a health factor.

2. Added old codes 305.1* (305.10-305.13) back in for tobacco screening since patients in the baseline year may have been documented with those codes.

Patient List Description: List of patients with assessments received, if any.

Measure Targets: IHS 2010 Goals:

BP Assessed: 95%
LDL Assessed: 85%
Tobacco Assessed: 50%
BMI Measured: 45%
Lifestyle Counseling: 75%
Depression Screen: 20%
All Assessments: 15%

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Comprehensive CVD-Related Assessment (con't)


                     REPORT    %    PREV YR    %   CHG from  BASE      %   CHG from
                     PERIOD         PERIOD         PREV YR % PERIOD        BASE %

Active Clinical Pts =>46
w/no DM dx            258            255                      252

# w/ BPs documented
 w/in 2 yrs           225  87.2      222  87.1     +0.2      201  79.8     +7.4
# w/LDL done
 w/in 5 yrs            28  10.9        1   0.4    +10.5        2   0.8    +10.1
# w/Tobacco Screening
 w/in 1 yr              9   3.5        0   0.0     +3.5        3   1.2     +2.3
# w/BMI calculated
 or refusal            11   4.3       18   7.1     -2.8       16   6.3     -2.1
# w/ lifestyle
 educ w/in 1 yr        12   4.7       12   4.7     -0.1       28  11.1     -6.5
# w/ Depression screening,
 DX, or refusal        16   6.2       13   5.1     +1.1       10   4.0     +2.2
# w/ ALL                1   0.4        0   0.0     +0.4        0   0.0     +0.4

User Pop Pts =>46
w/no DM dx            339            338                      321

# w/ BPs documented
 w/in 2 yrs           231  68.1      228  67.5     +0.7      204  63.6     +4.6
# w/LDL done
 w/in 5 yrs            28   8.3        1   0.3     +8.0        2   0.6     +7.6
# w/Tobacco Screening
 w/in 1 yr              9   2.7        0   0.0     +2.7        4   1.2     +1.4
# w/BMI calculated
 or refusal            12   3.5       18   5.3     -1.8       16   5.0     -1.4
# w/ lifestyle
 educ w/in 1 yr        12   3.5       12   3.6     -0.0       29   9.0     -5.5
# w/ Depression screening,
 DX, or refusal        16   4.7       13   3.8     +0.9       10   3.1     +1.6
# w/ ALL                1   0.3        0   0.0     +0.3        0   0.0     +0.3
```

Figure 2-69: Sample Report, Comprehensive CVD-Related Assessment

```
Comprehensive CVD-Related Assessment: List of patients with assessments
received, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
----------------------------------------------------------------------------
PATIENT,LYNN            004575 COMMUNITY #1  F  46  UP;
PATIENT,DANIELLE LYN    004576 COMMUNITY #1  F  46  UP;AC;     BP: 164/89 STG 2 HTN
LDL: 07/09/99
PATIENT,ALICE           004577 COMMUNITY #1  F  46  UP;AC;     BP: 138/89 PRE STG II
PATIENT,JERALDINE       004578 COMMUNITY #1  F  46  AD;        BP: 140/85 STG 1 HTN
LDL: 07/21/03 BMI:  44.4
PATIENT,BERNICE         004579 COMMUNITY #1  F  46  UP;AC;     BP: 122/65 PRE STG 1
PATIENT,LEILA           004580 COMMUNITY #1  F  46  UP;
PATIENT,NADINE          004581 COMMUNITY #1  F  46  AD;        BP: 175/97 STG 2 HTN
LDL: 11/12/03 BMI:  33.6 LIFE: 08/26/03:DM-N SN
```
Figure 2-70: Sample Patient List: Comprehensive CVD-Related Assessment

2.8.8 Beta-Blocker Treatment After a Heart Attack

Measure Description: For FY 2006, improve the rate of patients receiving beta-blocker treatment after AMI.

Denominators:

Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender.

User Population patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender.

Numerator:

Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).

Logic Description: Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.

Denominator Exclusions:

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."

2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma – 2 diagnoses (POV) of 493* on different

visit dates; B) Hypotension – 1 diagnosis of 458*; C) Heart block >1 degree – 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.

3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

4. Patients readmitted for any diagnosis within seven days of discharge.

To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) – Order Date).

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Key Logic Changes from CRS Version 6.0:

1. Revised COPD definition from 491.20-491.21 to 491.2*.
2. Replaced previous list of medications developed by IHS with a HEDIS-developed list of medications that is pre-populated by NDC.
3. Renamed beta-blocker medication taxonomy to reflect fact that it is based on HEDIS meds, not CMS

Patient List Description: List of patients with AMI, with beta-blocker prescription, if any.

Measure Source: HEDIS

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--------------------------------------------------------------------------------
Beta-Blocker Treatment After a Heart Attack

                        REPORT    %   PREV YR   %   CHG from  BASE      %   CHG from
                        PERIOD        PERIOD        PREV YR % PERIOD        BASE %

Active Clinical Pts 35+
hospitalized for
AMI                       2             0                      0

# w/beta-blocker Rx       2 100.0       0  0.0   +100.0        0  0.0   +100.0

Male Active Clinical Pts
35+ hospitalized for
AMI                       0             0                      0

# w/beta-blocker Rx       0   0.0       0  0.0     +0.0        0  0.0     +0.0

Female Active Clinical Pts
35+ hospitalized for
AMI                       2             0                      0

# w/beta-blocker Rx       2 100.0       0  0.0   +100.0        0  0.0   +100.0

User Pop Pts 35+
hospitalized for
AMI                       2             0                      0

# w/beta-blocker Rx       2 100.0       0  0.0   +100.0        0  0.0   +100.0
```

Figure 2-71: Sample Report, Beta-Blocker Treatment After a Heart Attack

```
Beta-Blocker Treatment After a Heart Attack: List of patients with AMI,
with beta-blocker prescription, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,MARCIE           095002 COMMUNITY #1   F  57  UP;AC       06/10/03 METOPROLOL
50MG TAB UD
PATIENT,ROBERTA          095003 COMMUNITY #1   F  63  UP;AC       02/01/03 ATENOLOL
25MG TAB**

Total # of Patients on list: 2
```

Figure 2-72: Sample Patient List: Beta-Blocker Treatment After a Heart Attack

2.8.9 Persistence of Beta-Blocker Treatment After a Heart Attack

Measure Description: For FY 2006, improve the rate of patients receiving persistent beta-blocker treatment after AMI.

Denominators:

Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

User Population patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

Numerator:

Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.

Logic Description: Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit. Inpatient visit defined as Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions:

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."

2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge/visit date: A) Asthma – 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension – 1 diagnosis of 458*; C) Heart block >1 degree – 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496

3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

To be included in the numerator, patients must have a beta-blocker days' supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Example of patient included in the numerator who has prior active prescription:

- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31,
- 60 is >= 31, prescription is considered Prior Active Rx
- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
    (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-
    1/15/2004) = 60-31 = 29
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Key Logic Changes from CRS Version 6.0:

1. Revised COPD definition from 491.20-491.21 to 491.2*.
2. Replaced previous list of medications developed by IHS with a HEDIS-developed list of medications that is pre-populated by NDC.
3. Renamed beta-blocker medication taxonomy to reflect fact that it is based on HEDIS meds, not CMS

Patient List Description: List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.

Measure Source: HEDIS

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Persistence of Beta-Blocker Treatment After a Heart Attack (con't)


                      REPORT    %    PREV YR   %   CHG from  BASE     %   CHG from
                      PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
w/ AMI DX               4              3                      1

# w/180 day beta-
 blocker treatment      2  50.0       3 100.0    -50.0       1 100.0    -50.0

Male Active Clinical Pts
35+ w/ AMI DX           2              1                      1

# w/180 day beta-
 blocker treatment      1  50.0       1 100.0    -50.0       1 100.0    -50.0

Female Active Clinical Pts
35+ w/ AMI DX           2              2                      0

# w/180 day beta-
 blocker treatment      1  50.0       2 100.0    -50.0       0   0.0    +50.0

User Pop Pts 35+
w/ AMI DX               5              3                      1

# w/180-day beta-
 blocker treatment      2  40.0       3 100.0    -60.0       1 100.0    -60.0

Male User Pop Pts 35+
w/ AMI DX               2              1                      1

# w/180-day beta-
 blocker treatment      1  50.0       1 100.0    -50.0       1 100.0    -50.0

Female User Pop Pts 35+
w/ AMI DX               3              2                      0

# w/180-day beta-
 blocker treatment      1  33.3       2 100.0    -66.7       0   0.0    +33.3
```

Figure 2-73: Sample Report, Persistence of Beta-Blocker Treatment After a Heart Attack

```
Persistence of Beta-Blocker Treatment After a Heart Attack: List of
patients with AMI, with all beta-blocker prescriptions during the 180-day
timeframe, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN     COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ANGELA           000825 COMMUNITY #1   F  40  UP
PATIENT,MARIA            000826 COMMUNITY #1   F  57  UP;AC        YES, beta blocker
>135 06/10/03(90);09/15/03(90) total days beta blocker: 180
PATIENT,ROBERTA          000827 COMMUNITY #1   F  63  UP;AC
PATIENT,TRENTONT         000828 COMMUNITY #1   M  68  UP;AC
PATIENT,JACOB            000829 COMMUNITY #1   M  72  UP;AC        YES, beta blocker
>135 10/01/02(60);02/01/03(20);09/01/02(60) total days beta blocker: 140

Total # of Patients on list: 5
```

Figure 2-74: Sample Patient List: Persistence of Beta-Blocker Treatment After a Heart Attack

2.8.10 Cholesterol Management for Patients with Cardiovascular Conditions

Measure Description: For FY 2006, establish the proportion of patients with cardiovascular conditions who have an LDL test.

Denominators:

Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD). Broken down by gender.

User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD). Broken down by gender.

Numerators:

Patients with LDL completed during the Report Period, regardless of result.

Patients with LDL <=100, completed during the Report Period.

Patients with LDL 101-130, completed during the Report during the Report Period - 365 days after diagnosis.

Patients with LDL >130, completed during the Report Period.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

CRS uses the following codes and taxonomies to define the denominators and numerators. For each of the numerators, finds the most recent LDL test from the Report period end date.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		**V POV:** 410.*0, 410.*1		
PTCA	33140, 92980-92982, 92984, 92995, 92996	**V Procedure:** 36.01, 36.02, 36.05, 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572	**V Procedure:** 36.1*, 36.2		
IVD – Coronary Artery Disease		**V POV:** 414.0*, 429.2		
IVD – Stable Angina		**V POV:** 411.*, 413.*		
IVD - Lower Extremity Arterial Disease/Peripheral Artery Disease		**V POV:** 443.9, 440.20-440.24, 440.29		
IVD – Ischemia		**V POV:** 435.*		
IVD – Stroke		**V POV:** 433.*, 434.*, 437.0, 437.1, 438.0-438.42, 438.**5*, 438.6-438.9**		
IVD - Artheroembolism		**V POV:** 444.*, 445.*		
IVD - Abdominal Aortic Aneurysm		**V POV:** 441.*		
IVD - Renal Artery Atherosclerosis		**V POV:** 440.1		
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX

Key Logic Changes from CRS Version 6.0:

1. Renamed topic from Cholesterol Management After Acute CVD Event.
2. Revised denominator to require diagnosis to first 10 months of year prior to report period begin date.
3. Added ischemic vascular disease (IVD) to denominator.
4. Revised all numerators for LDL test to be done during any time during report period.
5. Added CPTs 35600 and 33572 to CABG definition.

Patient List Description: List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

Measure Source: HEDIS

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Cholesterol Management for Patients with Cardiovascular Conditions (con't)

                      REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                      PERIOD        PERIOD       PREV YR % PERIOD      BASE %

Active Clinical pts 18-75
with dx of AMI, CABG,
PTCA, or IVD            29               16                        16

# w/LDL done           12  41.4      0   0.0    +41.4      1   6.3    +35.1
# w/LDL <=100           1   3.4      0   0.0     +3.4      1   6.3     -2.8
# w/LDL 101-130         2   6.9      0   0.0     +6.9      0   0.0     +6.9
# w/LDL >130            1   3.4      0   0.0     +3.4      0   0.0     +3.4

Male Active Clinical pts
18-75 with DX AMI, CABG
PTCA, or IVD           19               11                         9

# w/LDL done            9  47.4      0   0.0    +47.4      1  11.1    +36.3
# w/LDL <=100           1   5.3      0   0.0     +5.3      1  11.1     -5.8
# w/LDL 101-130         1   5.3      0   0.0     +5.3      0   0.0     +5.3
# w/LDL >130            1   5.3      0   0.0     +5.3      0   0.0     +5.3

Female Active Clinical pts
18-75 with DX AMI, CABG
PTCA, or IVD           10                5                         7

# w/LDL done            3  30.0      0   0.0    +30.0      0   0.0    +30.0
# w/LDL <=100           0   0.0      0   0.0     +0.0      0   0.0     +0.0
# w/LDL 101-130         1  10.0      0   0.0    +10.0      0   0.0    +10.0
# w/LDL >130            0   0.0      0   0.0     +0.0      0   0.0     +0.0

User Pop pts 18-75
with dx of AMI, CABG,
PTCA, or IVD           31               17                        16

# w/LDL done           12  38.7      0   0.0    +38.7      1   6.3    +32.5
# w/LDL <=100           1   3.2      0   0.0     +3.2      1   6.3     -3.0
# w/LDL 101-130         2   6.5      0   0.0     +6.5      0   0.0     +6.5
# w/LDL >130            1   3.2      0   0.0     +3.2      0   0.0     +3.2
```

Figure 2-75: Sample Report, Cholesterol Management After Acute Cardiovascular Event

```
Cholesterol Management After Acute Cardiovascular Event: List of patients
with AMI, CABG, or PTCA w/LDL value, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR        NUMERATOR
--------------------------------------------------------------------------------
PATIENT,ALICIA           006522 COMMUNITY #1   F   32  UP;AMI DX
PATIENT,ALYSHA           006523 COMMUNITY #1   F   75  UP;AC;PTCA PROC
PATIENT,PATRICK          006524 COMMUNITY #1   M   18  UP;AC;CABG PROC   LDL 12/31/03 100
PATIENT,DEWAYNE          006525 COMMUNITY #1   M   61  UP;AC;IVD DX      LDL 06/10/03 120
PATIENT,JEREMY           006526 COMMUNITY #1   M   72  UP;AC;AMI DX      LDL 11/14/03
PATIENT,STEPHEN          000010 COMMUNITY #2   M   61  UP;AC;AMI DX
PATIENT,CHARLES          000708 COMMUNITY #3   M   59  UP;AC;AMI DX
PATIENT,ADAM             000709 COMMUNITY #3   M   69  UP;AC;AMI DX

Total # of Patients on list: 8
```

Figure 2-76: Sample Patient List: Cholesterol Management After Acute Cardiovascular Event

2.9 STD-Related Measure Topics

2.9.1 Prenatal HIV Testing and Education

GPRA Measure Description: In FY 2006, increase to 55.0% the proportion of pregnant female patients screened for HIV.

Denominator:

GPRA Denominator: All pregnant female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

Numerators:

Patients who received counseling and/or patient education about HIV in the past 20 months.

GPRA Numerator: Patients who received HIV test during the past 20 months, including refusals in past 20 months.

    A: Number of documented refusals in past 20 months.

Logic Description: Pregnancy is defined as at least two visits during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	**ICD and Other Codes**	**LOINC Codes**	**Taxonomy**
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		**V POV:** V22.0-V23.9, 640.*-648.*, 651.*-676.*		
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*		
Abortion (after 2nd pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	**V POV:** 635*, 636* 637*		
HIV diagnosis		**V POV or Problem List:** 042, 042.0-044.9 (old codes), V08, 795.71		
HIV test	Antibody: 86689, 86701-86703, Confirmatory Test 86689 Antigen 87390, 87391, 87534-87539	**Refusal:** Lab Test HIV	Yes	BGP GPRA HIV TESTS TAX
HIV Counseling		**V POV:** V65.44 HIV Counseling **Patient education codes:** containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71		
Refusal of HIV test in past 20 months				Lab Test HIV

Key Logic Changes from CRS Version 6.0

1. Added code 042 for HIV diagnosis.
2. Added for HIV test definition CPTs 87534-87539.
3. Revised GPRA 2006 target from "increase" to 55% (FY05 rate was 54%).

Patient List Description: List of pregnant patients without documented HIV test or refusal in past 20 months.

GPRA Measure Past Performance and Targets:

IHS FY 2005 Performance	54.0%
HP2010 target for measure 25-17 has not been developed	Developmental measure
IHS 2010 Goal	*95.0%*

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Prenatal HIV Testing (con't)


                    REPORT     %   PREV YR   %  CHG from  BASE      %  CHG from
                    PERIOD         PERIOD       PREV YR % PERIOD       BASE %

Pregnant Female Pts
w/no HIV
(GPRA)                43             50                        54

# w/HIV
 education             3   7.0       1   2.0    +5.0      0   0.0     +7.0
# w/HIV test
 (GPRA)               31  72.1       6  12.0   +60.1      5   9.3    +62.8
A. # refusals w/
 % of total tests      2   6.5       0   0.0    +6.5      0   0.0     +6.5
```
Figure 2-77: Sample Report, Prenatal HIV Testing

```
Prenatal HIV Testing: List of pregnant patients without documented HIV
test or refusal in past 20 months.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,EMMA             000555 COMMUNITY #1   F  20   PREG          EDUC: 07/31/03 PN-
HIV
PATIENT,MAYA             000556 COMMUNITY #1   F  22   PREG
PATIENT,JANET MARIA      000557 COMMUNITY #1   F  24   PREG
PATIENT,ALEXA            000558 COMMUNITY #1   F  26   PREG
```
Figure 2-78: Sample Patient List, Prenatal HIV Testing

2.9.2 HIV Quality of Care

Measure Description: Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines.

<u>Denominator:</u>

All patients ages 13 and older with at least 2 direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including 1 HIV diagnosis in last 6 months.

<u>Numerators</u>:

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving tests.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042, 042.0-044.9 (old codes); V08; 795.71		
CD4	86359, 86360 86361		Yes	BGP GPRA CD4 TESTS TAX
HIV Viral Load	87536, 87539		Yes	BGP GPRA HIV VIRAL LOAD TESTS TAX

Key Logic Changes from CRS Version 6.0:

1. Added code 042 for HIV diagnosis.
2. Added for CD4 test CPT codes 86359 and 86360

Patient List Description: For confidentiality reasons, no patient lists can be produced for this measure.

Measure Source: HP 2010 developmental measure 13-13a Viral Load Testing

Measure Targets:

HP2010 target for viral load testing (13-13a)	Developmental
HP2010 baseline for CD4 testing	Nearly 100%

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HIV Quality of Care


                   REPORT    %    PREV YR    %   CHG from  BASE     %   CHG from
                   PERIOD         PERIOD          PREV YR % PERIOD       BASE %

Pts >13 w/HIV Dx      2             1                        1

# w/CD4 only          0   0.0       0   0.0      +0.0       0   0.0     +0.0
# w/viral load
 only                 1  50.0       1 100.0      -50.0      0   0.0    +50.0
# w/both              1  50.0       0   0.0      +50.0      0   0.0    +50.0
TOTAL # w/
 any tests            2 100.0       1 100.0      +0.0       0   0.0   +100.0
```

Figure 2-79: Sample Report HIV Quality of Care

> **NOTE:** No Patient List is available for this measure.

2.9.3 Chlamydia Screening

Measure Description: Increase the proportion of female patients ages 16 through 25 who have annual Chlamydia screening.

Denominators:

Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

Female User Population patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

Numerator:

Patients tested for Chlamydia during the Report Period.

Logic Description. Age is calculated at beginning of Report period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810	**V POV:** V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 6.0:

1. Added codes 32001-0, 36902-5, 36903-3 to LOINC taxonomy.

2. Added CPTs 86631 and 86632 for Chlamydia tests.

Patient List Description: List of patients with documented screening, if any.

Measure Targets: TBD

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Chlamydia Testing


                      REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD         PERIOD         PREV YR % PERIOD       BASE %

Female Active Clinical
16-25                   130            129                     123

# w/Chlamydia Screen    39  30.0       15  11.6    +18.4       30  24.4     +5.6

A. Female Active Clinical
16-20                    70             67                      52

# w/Chlamydia Screen    22  31.4        7  10.4    +21.0        9  17.3    +14.1

B. Female Active Clinical
21-25                    60             62                      71

# w/Chlamydia Screen    17  28.3        8  12.9    +15.4       21  29.6     -1.2
```

Figure 2-80: Sample Report Chlamydia Testing

```
Chlamydia Testing: List of patients with documented screening, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME            HRN    COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ROSE MARIE      176500 COMMUNITY #3   F   17  UP;          86631 07/03/03
PATIENT,NAGLEE          176501 COMMUNITY #3   F   18  UP;AC        lab test 05/06/03
PATIENT,LUCILLE         176502 COMMUNITY #3   F   20  UP;
PATIENT,FEMALE          176503 COMMUNITY #3   F   21  UP;AC
PATIENT,ARLENE          176504 COMMUNITY #3   F   24  UP;AC
PATIENT,LORRAINE        355555 COMMUNITY #4   F   21  UP;AC
PATIENT,LAURA MAE       400050 COMMUNITY #5   F   16  UP;AC
PATIENT,BARBARA M       400051 COMMUNITY #5   F   17  UP;AC
PATIENT,JUNE            400052 COMMUNITY #5   F   18  UP;AC
PATIENT,BRENDA MARIE    400053 COMMUNITY #5   F   19  UP;AC
```

Figure 2-81: Sample Patient List, Chlamydia Testing

2.10   Other Clinical Measures Topics

2.10.1 Osteoporosis Management

Measure Description: For FY 2006, identify the rate of testing and/or treatment for osteoporosis after fracture.

Denominators:

Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture.

Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator:

Patients treated or tested for osteoporosis after the fracture.

Logic Description: Age is calculated at the beginning of the Report period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used.

The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions:

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).

2. Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date.

3. Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis treatment and testing is defined as: 1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or B) a BMD test within six months of the Index Episode Start Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

Fracture codes: 1) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828; 2) POVs: 733.1, 805*-806*, 807.0-807.4, 808*-815*, 818*-825*, 827*, 828*; 3) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.

BMD Test codes: 1) CPT: 76070, 76071, 76075, 76076, 76078, 76977, 78350, 78351; 2) V Procedure 88.98, 3) V POV V82.81.

Treatment medication codes defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, Teriparatide, Fluoride, Vitamin D, and Calcium Products.)

Key Logic Changes from CRS Version 6.0:

1. Fixed problem for treatment or testing numerator for fractures diagnosed at outpatient visit where logic was requiring the treatment or testing within 60 days of a fracture instead of 180 days (6 months) after the fracture.
2. Added ICD 807.4 to identify fractures.
3. Added POV V82.81 for bone mineral density test.
4. Removed CPTs 76499 and 76999 for bone mineral density test.
5. Deleted CPT codes 26600-26615 and 28400-28485 from fracture definition.
6. Added to list of treatment meds Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Fluoride, Vitamin D, Calcium Products, and Injectable Estrogens.
7. Replaced previous list of medications developed by Chris Lamer with the HEDIS-developed list of medications.

Patient List Description: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

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-------------------------------------------------------------------------------


Osteoporosis Management (con't)


                      REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Female Active Clinical Pts
67 and older
w/fracture              8             5                       7

# w/osteoporosis treatment
 or testing             4  50.0      2  40.0    +10.0      1  14.3    +35.7

Female User Pop Pts
67 and older
w/fracture              9             5                       7

# w/osteoporosis treatment
 or testing             5  55.6      2  40.0    +15.6      1  14.3    +41.3
```
Figure 2-82: Sample Report Osteoporosis Management

```
Osteoporosis Management: List of female patients with new fracture who
have had osteoporosis treatment or testing, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR    NUMERATOR
--------------------------------------------------------------------------------
PATIENT,ALWENA           012005 COMMUNITY #1   F  68  UP,ACFracture: 76076 09/30/03
                                                      DX: 733.13
                                                      on 06/18/03
PATIENT,SYBIL            012006 COMMUNITY #1   F  69  UP,ACFracture: bmd DX V82.81
09/17/03                                              DX: 824.2
                                                      on 04/30/03
PATIENT,ELIZABETH        012007 COMMUNITY #1   F  78  UP,ACFracture:
                                                      DX: 820.8
                                                      on 05/03/03
PATIENT,KATIE            012008 COMMUNITY #1   F  80  UP,ACFracture:
                                                      DX: 820.8
                                                      on 10/23/03
PATIENT,LINDSAY          012009 COMMUNITY #1   F  81  UP,ACFracture:
                                                      DX: 820.8
                                                      on 10/02/02
PATIENT,ELIZABETH        012010 COMMUNITY #1   F  86  UPFracture:    osteo med:
                                                      DX: 805.9      04/23/03
                                                      on 04/23/03
PATIENT,HEATHER J        012011 COMMUNITY #1   F  88  UP,ACFracture: osteo med:
                                                      DX: 813.01     11/01/02
                                                      on 10/06/02
PATIENT,AMENDA           012012 COMMUNITY #2   F  77  UP,ACFracture:
                                                      DX: 733.13
                                                      on 03/23/03
PATIENT,CORRINA          012013 COMMUNITY #2   F  81  UP,ACFracture:
                                                      DX: 807.3
                                                      on 10/17/03


Total # of Patients on list: 9
```

Figure 2-83: Sample Patient List, Osteoporosis Management

2.10.2   Osteoporosis Screening in Women

Measure Description: Establish the baseline rate of screening women ages 65 and older for osteoporosis.

Denominators:

Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.

Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerators:

Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year.

A: Patients with documented refusal in past year.

Logic Description: Age is calculated at the beginning of the Report period.

	CPT Codes	ICD and Other Codes
Osteoporosis Screening	76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)	**ICD Procedure:** 88.98 (Quantitative CT) **V POV:** V82.81 Special screening for other conditions, Osteoporosis **Refusals**: CPT or V Radiology 76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)

Key Logic Changes from CRS Version 6.0: Added POV V82.81 Special screening for other conditions, Osteoporosis, to osteoporosis screening definition.

Patient List Description: List of female patients ages 65 and older with osteoporosis screening, if any.

Measure Target:

IHS 2010 Goal	20.0%

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-----------------------------------------------------------------------------
Osteoporosis Screening in Women


                    REPORT    %   PREV YR    %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
Pts =>65              49            55                      58

# w/osteoporosis screening
 in past 2 years      9  18.4       2   3.6    +14.7       0   0.0    +18.4
A. # Refusals w/ % of
 Total Screening      2  22.2       0   0.0    +22.2       0   0.0    +22.2

Female User Pop
Pts =>65              61            63                      68

# w/osteoporosis screening
 in past 2 years      9  14.8       2   3.2    +11.6       0   0.0    +14.8
A. # Refusals w/ % of
 Total Screening      2  22.2       0   0.0    +22.2       0   0.0    +22.2
```

Figure 2-84: Sample Report, Osteoporosis Screening in Women

```
Osteoporosis Screening in Women: List of female patients ages 65 and older with
osteoporosis screening, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,VICTORIA         003369 COMMUNITY #1   F  65  UP;AC       76075 08/26/03
PATIENT,ROSEY            003370 COMMUNITY #1   F  66  UP;AC       76076 01/05/02
PATIENT,ANN              003371 COMMUNITY #1   F  66  UP;AC
PATIENT,REGINA           003372 COMMUNITY #1   F  67  UP;AC       R 07/06/03 (refused)
PATIENT,EMMA             003373 COMMUNITY #1   F  67  UP;AC
PATIENT,MARIE            003374 COMMUNITY #1   F  67  UP;AC       V82.81 07/23/03
PATIENT,SUSAN            003375 COMMUNITY #1   F  67  UP;AC
```

Figure 2-85: Sample Patient List, Osteoporosis Screening in Women

2.10.3 Rheumatoid Arthritis Medication Monitoring (new topic)

Measure Description: Establish the baseline rate of monitoring patients with rheumatoid arthritis (RA) who are on RA medication and are being monitored.

Denominators:

Active Clinical patients ages 16 and older diagnosed with rheumatoid arthritis (RA) prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

User Population patients ages 16 and older diagnosed with rheumatoid arthritis (RA) prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator:

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description: Age is calculated at the beginning of the Report period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.* prior to the Report period, and at least two RA POVs during the Report period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medication Prescribed:
  Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.
  Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medications Prescribed:
  Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180.
  Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications defined as:

1. Medications shown in table below. EXCEPT for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of 10 days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only 6 days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathrioprine or Sulfasalazine	4 CBCs during the Report Period
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

These medications defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

2. All of the following medications must have Liver Function Tests and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Example of Patient Not Included in Numerator:

  Medications Prescribed and Required Monitoring:
    Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date.
    CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:

  Medications Prescribed and Required Monitoring:
    Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.
    Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date.

LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator.

	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Potassium	84132	Yes	BGP POTASSIUM TESTS

Patient List Description: List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:" The chronic medications and all lab tests the patient DID have are displayed.

Measure Target: TBD

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--------------------------------------------------------------------------------
Rheumatoid Arthritis Medication Monitoring


                    REPORT    %    PREV YR    %   CHG from  BASE      %   CHG from
                    PERIOD         PERIOD         PREV YR % PERIOD        BASE %

Active Clinical Pts =>16
w/RA DX and maintenance
therapy RX              6               4                       4

# w/RA chronic med
 monitoring            3  50.0         1  25.0    +25.0        2  50.0     +0.0

User Pop Pts =>16
w/RA DX and maintenance
therapy RX              6               4                       4

# w/RA chronic med
 monitoring            3  50.0         1  25.0    +25.0        2  50.0     +0.0
```

Figure 2-86: Sample Report, Rheumatoid Arthritis Medication Monitoring

```
Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and
older prescribed maintenance therapy medication with monitoring lab
tests, if any.  The numerator values for patients who meet the measure
are prefixed with YES: and patients who did not meet the measure are
prefixed with NO:.  The chronic medications and all lab tests the patient
DID have are displayed.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,CORNELIA         000083 COMMUNITY #1  F  43  UP;AC       NUMERATOR: YES:  Has
NSAID: CBC: 12/17/03 LFT: 12/17/03 Has IM Gold: CBC/Urine Protein: CBC and Urine
protein w/each IM Gold
PATIENT,CAROLINE         001000 COMMUNITY #1  F  55  UP;AC       NUMERATOR: YES:  Has
NSAID: CBC: 11/13/03 LFT: 11/13/03
PATIENT,RALPHELITA       001089 COMMUNITY #1  F  66  UP;AC       NUMERATOR: NO:  Has
NSAID: CBC: 12/28/03 LFT: 12/23/03 Has Methotrexate:  does not have 6 CBC's does not
have 6 Serum Creatinine's does not have 6 LFT's Has Sulfasalazine: has 4 CBC's
PATIENT,HELENA           001674 COMMUNITY #1  F  70  UP;AC       NUMERATOR: YES:  Has
NSAID: CBC: 11/10/03 LFT: 11/10/03 Has Methotrexate: has 6 CBC's has 6 Serum
Creatinine's has 6 LFT's
PATIENT,STEVEN           001456 COMMUNITY #1  M  22  UP;AC       NUMERATOR: NO:  Has
Methotrexate: has 6 CBC's does not have 6 Serum Creatinine's has 6 LFT's
PATIENT,NANCY F          001561 COMMUNITY #2  F  71  UP;AC       NUMERATOR: NO:  Has
NSAID: No CBC No LFT

Total # of Patients on list: 6
```

Figure 2-87: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

2.10.4   Osteoarthritis Medication Monitoring (new topic)

Measure Description: Establish the baseline rate of monitoring patients with osteoarthritis (OA) who are on OA medication and are being monitored.

Denominators:

Active Clinical patients ages 40 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

User Population patients ages 40 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator:

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description: Age is calculated at the beginning of the Report period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):
  Report Period: Jan 1 – Dec 31, 2005
  Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
  Medication Prescribed:
    Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.
    Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):
  Report Period: Jan 1 – Dec 31, 2005
  Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:
Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180.
Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown in below. If patient is prescribed both glucocorticoids and any of the other osteoarthritis medications, patient must meet criteria for both of the medications.

Maintenance Therapy Medications defined as:

1. All of the following medications must have Liver Function Tests and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

2. Glucocorticoids must have a yearly Urine Glucose test, which must be performed during the Report Period. These medications defined with medication taxonomy BGP OA GLUCOCORTICOIDS MEDS. (Medications are: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone.)

Example of Patient Not Included in Numerator:
Medication Prescribed and Required Monitoring:
Diclofenac, last Rx Jun 15, 2005. Requires LFT and CBC during Report Period.
Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:
Medications Prescribed and Required Monitoring:
Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.

Glucocorticoid, last Rx Mar 10, 2005. Requires Urine Glucose during Report Period.

LFT, CBC, and Urine Glucose performed during Report Period.

Patient is in numerator.

	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Urine Glucose		Yes	BGP URINE GLUCOSE

Patient List Description: List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:". The chronic medications and all lab tests the patient DID have are displayed.

Measure Target: TBD

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-------------------------------------------------------------------------------
Osteoarthritis Medication Monitoring


                   REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                   PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Active Clinical Pts =>40
w/OA DX and maintenance
therapy RX           29             19                     10

# w/OA chronic
 med monitoring      16  55.2      10  52.6    +2.5      1  10.0    +45.2

User Pop Pts =>40
w/OA DX and maintenance
therapy RX           29             19                     10

# w/OA chronic
 med monitoring      16  55.2      10  52.6    +2.5      1  10.0    +45.2
```

Figure 2-88: Sample Report, Osteoarthritis Medication Monitoring

```
Osteoarthritis Medication Monitoring: List of OA patients 40 and older
prescribed maintenance therapy medication with monitoring lab tests, if
any.  The numerator values for patients who meet the measure are prefixed
with YES: and patients who did not meet the measure are prefixed with
NO:.  All lab tests the patient DID have are displayed.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,IRENE            000934 COMMUNITY #1  F  56  UP;AC  451 days of nsaid NO:
PATIENT,LAVERNE          001640 COMMUNITY #1  F  58  UP;AC  388 days of nsaid NO:
PATIENT,DAWN             006017 COMMUNITY #1  F  59  UP;AC  400 days of
glucocorticoids 400 days of nsaid YES: CBC: 08/12/03 LFT: 08/12/03 UG: 08/12/03
PATIENT,RAYA             009089 COMMUNITY #1  F  66  UP;AC  385 days of nsaid YES:
CBC: 12/28/03 LFT: 12/23/03
PATIENT,ALICE            009755 COMMUNITY #1  F  68  UP;AC  373 days of nsaid YES:
CBC: 08/15/03 LFT: 08/15/03
PATIENT,ANITA            009887 COMMUNITY #1  F  71  UP;AC  471 days of nsaid YES:
CBC: 12/17/03 LFT: 12/17/03
```

Figure 2-89: Sample Patient List, Osteoarthritis Medication Monitoring

2.10.5   Asthma

Measure Description: Reduce percentage of asthmatic patients who are hospitalized for asthma.

Denominators:

All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Numerators:

Patients who have had two asthma-related visits during the Report Period or categorized in ARS as persistent.

Patients from the first numerator who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period.

Logic Description: Age is calculated at beginning of Report period. Asthma visits are defined as diagnosis (POV) 493.*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. Hospitalizations defined as service category H with primary admission diagnosis 493.*.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source: HP 2010 measure 24-2.

Measure Targets:

HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 target for hospitalizations for asthma:	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

```
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Asthma


                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Total Active Clinical
Patients            1,601         1,592                  1,606

# w/asthma            40   2.5      43   2.7    -0.2      47   2.9    -0.4
  under 5             8   20.0      9   20.9    -0.9      11  23.4    -3.4
  5-64               30   75.0     27   62.8   +12.2      28  59.6   +15.4
  65 and older        2    5.0      7   16.3   -11.3       8  17.0   -12.0
# w/asthma
 hospitalization      2    5.0      1    2.3    +2.7       1   2.1    +2.9
  under 5             1   50.0      0    0.0   +50.0       1 100.0   -50.0
  5-64               1   50.0      1  100.0   -50.0       0   0.0   +50.0
  65 and older        0    0.0      0    0.0    +0.0       0   0.0    +0.0
```
Figure 2-90: Sample Report, Asthma

```
Asthma: List of patients diagnosed with asthma and any asthma-related
hospitalizations.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,VIOLET           259205 COMMUNITY #1   F  0   AC          11/17/03 493.92
PATIENT,DEDE             250373 COMMUNITY #1   F  1   AC          05/25/03 493.92 H
05/25/03
PATIENT,CHARITY          256733 COMMUNITY #1   F  1   AC          03/13/03 493.90
PATIENT,SAMANTHA         258583 COMMUNITY #1   F  1   AC          11/13/03 493.92
PATIENT,DAWN             248836 COMMUNITY #1   F  2   AC          08/19/03 493.90
PATIENT,PRISCILLA        206382 COMMUNITY #1   F  10  AC          03/04/03 493.90
```

Figure 2-91: Sample Patient List, Asthma

2.10.6   Asthma Quality of Care

Measure Description: For FY 2006, report the rate for patients with persistent asthma who have received primary asthma therapy medication.

Denominators:

Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period and during the Report period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups.

User Population patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period and during the Report period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD). Broken down by age groups.

Numerator:

Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Emphysema defined as any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2. Chronic obstructive pulmonary disease (COPD) define as any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 491.22, 496, 506.*.

Persistent asthma defined as meeting any of the following five criteria below within the year prior to the beginning of the Report period AND during the Report period:

1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),

2. At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,

3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below),

4. At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e. during the Report period or within the year prior to the beginning of the Report period.), OR

5. Categorized in the Asthma Register System (ARS) at ANY time before the end of the Report period as Active patient with Severity 2, 3 or 4.A dispensing event is one prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

A dispensing event is one prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS.   (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, or Long-acting, inhaled beta-2 agonists.)

To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.

Primary asthma therapy medication codes for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)

Key Logic Changes from CRS Version 6.0:

1. Revised definition for persistent asthma definition to meet requirements both during the report period and the year prior to the report period.
2. Added ICD-9 code 491.22 to COPD definition.

3. Added 5th criterion (persistent in ARS) for meeting persistent asthma definition.

4. Per HEDIS 2006 logic, clarified denominator logic that looks at medications looks at a different (larger) set of medications than the medications for the numerator logic.

5. Replaced existing three medication taxonomies (Controllers, Inhaled Steroids, and Leukotrienes) with taxonomies that were populated by HEDIS.

Patient List Description: List of asthmatic patients with primary asthma therapy medications, if any.

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-------------------------------------------------------------------------------
Asthma Quality of Care


                    REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD         PERIOD         PREV YR % PERIOD       BASE %

Active Clinical Pts 5-56
w/persistent
asthma               10             5                       7

# w/asthma control
 medication           7 70.0        4 80.0    -10.0         5 71.4     -1.4

A. Active Clinical
ages 5-9              4             1                       1

# w/asthma control
 medication           2 50.0        0  0.0    +50.0         0  0.0    +50.0

B. Active Clinical
ages 10-17           2             1                       2

# w/asthma control
 medication           1 50.0        1 100.0   -50.0         1 50.0    +0.0

C. Active Clinical
ages 18-56           4             3                       4

# w/asthma control
 medication           4 100.0       3 100.0   +0.0          4 100.0   +0.0
```

Figure 2-92: Sample Report, Asthma Quality of Care

```
Asthma Quality of Care:  List of asthmatic patients with primary asthma
therapy medications, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,REGINA          002700 COMMUNITY #1   F   5  UP;AC DX    ERMONTELUKAST 10MG
                                                     ON HOSP/OR  TAB 03/15/03
PATIENT,SUSIE           002701 COMMUNITY #1   F  11  UP;AC DX
                                                     ON HOSP/OR ER
PATIENT,NANCY           002702 COMMUNITY #1   F  15  UP;AC DX    ERTRIAMCINOLONE
                                                     ON HOSP/OR  INHALER 01/24/03
PATIENT,MARION          002703 COMMUNITY #1   F  35  UP;AC DX    ERTRIAMCINOLONE
                                                     ON HOSP/OR  INHALER 02/05/03
```

Figure 2-93: Sample Patient List, Asthma Quality of Care

2.10.7   Asthma and Inhaled Steroid Use (new topic)

Measure Description: Establish the baseline rate of patients with asthma who were prescribed an inhaled corticosteroid during the Report Period.

Denominators:

Active Clinical patients ages 1 or older who have had two asthma-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

User Population patients ages 1 or older who have had two asthma-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

Numerators:

Patients prescribed an inhaled corticosteroid during the Report Period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Asthma visits are defined as diagnosis (POV) 493.*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), fluticasone (Flovent).)

Patient List Description: List of patients with asthma with inhaled corticosteroid prescription, if any.

Measure Source: HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

Measure Target:

IHS 2010 Goal	60.0%

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Asthma and Inhaled Steroid Use


                     REPORT   %   PREV YR   %  CHG from  BASE    %  CHG from
                     PERIOD       PERIOD       PREV YR % PERIOD      BASE %

Active Clinical Ages 1
and older with
asthma                 38           43                    47

# w/ Inhaled Steroid
 Rx                    18  47.4     15  34.9    +12.5     16  34.0    +13.3

Active Clinical ages 1-4
with asthma             6            9                    11

# w/ Inhaled Steroid
 Rx                     2  33.3      0   0.0    +33.3      0   0.0    +33.3

Active Clinical ages 5-19
with asthma            15           12                    14

# w/Inhaled Steroid
 Rx                     5  33.3      4  33.3     +0.0      5  35.7     -2.4

Active Clinical ages 20-44
with asthma             4            7                    10

# w/ Inhaled Steroid
 Rx                     2  50.0      3  42.9     +7.1      6  60.0    -10.0

Active Clinical ages 45-64
with asthma            11            8                     4

# w/ Inhaled Steroid
 Rx                     8  72.7      6  75.0     -2.3      3  75.0     -2.3

Active Clinical ages 65
and older with
asthma                  2            7                     8

# w/ Inhaled Steroid
 Rx                     1  50.0      2  28.6    +21.4      2  25.0    +25.0
```

Figure 2-94: Sample Report, Asthma and Inhaled Steroid Use

```
Asthma and Inhaled Steroid Use: List of patients with asthma with inhaled
corticosteroid prescription, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME             HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
------------------------------------------------------------------------------
PATIENT,DAVID            333373 COMMUNITY #1   M  1   UP;AC       TRIAMCINOLONE INHALER
on 01/24/03
PATIENT,CHARLES          333733 COMMUNITY #1   M  1   UP;AC       BUDESONIDE INHAL SUSP
0.5MG/2ML on 07/05/03
PATIENT,DYRON            334583 COMMUNITY #1   M  1   UP;AC
PATIENT,DENNY            334836 COMMUNITY #1   M  2   UP;AC
PATIENT,VICTOR           335205 COMMUNITY #1   M  5   UP;AC       TRIAMCINOLONE INHALER
on 03/26/03
PATIENT,PAUL             335382 COMMUNITY #1   M  10  UP;AC
PATIENT,MARK             336193 COMMUNITY #1   M  12  UP;AC       FLUTICASONE 110MCG
MDI on 01/24/03
PATIENT,EDWARD           336543 COMMUNITY #1   M  15  UP;AC
```

Figure 2-95: Sample Patient List, Asthma and Inhaled Steroid Use

2.10.8   Chronic Kidney Disease Assessment

Measure Description: During FY 2006, report the rate of patients who are assessed for chronic kidney disease.

Denominators:

Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.

User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerators:

Patients with Estimated GFR.

   A: Patients with GFR less than (<) 60.

Logic Description: Age is calculated at beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients with Creatinine test, with GFR and value, if any.

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Chronic Kidney Disease Assessment


                    REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 with Serum
Creatinine test      406           294                      38

# w/Est GFR           93  22.9      0   0.0    +22.9       0   0.0    +22.9
# w/GFR <60           13   3.2      0   0.0     +3.2       0   0.0     +3.2

User Pop Pts
=>18 with Serum
Creatinine           430           319                      38

# w/ Est GFR          98  22.8      0   0.0    +22.8       0   0.0    +22.8
# w/GFR <60           13   3.0      0   0.0     +3.0       0   0.0     +3.0
```

Figure 2-96: Sample Report, Chronic Kidney Disease Assessment

```
Chronic Kidney Disease Assessment: List of patients with Creatinine test, with GFR and
value, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt


PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,JANET           000901 COMMUNITY #1   F  18  UP;AC
PATIENT,BERTHA          000902 COMMUNITY #1   F  18  UP;AC
PATIENT,CHARLOTTE       000903 COMMUNITY #1   F  19  UP;AC
PATIENT,JEAN            000904 COMMUNITY #1   F  20  UP;AC
PATIENT,JOYCE           000905 COMMUNITY #1   F  20  UP;AC        GFR: 12/16/03 214
PATIENT,LORETTA         000906 COMMUNITY #1   F  20  UP;AC
PATIENT,JUANITA         000907 COMMUNITY #1   F  20  UP;AC
PATIENT,ERLINDA         000908 COMMUNITY #1   F  21  UP;         GFR: 11/20/03 111
PATIENT,LEIGH           000909 COMMUNITY #1   F  21  UP;AC        GFR: 12/19/03 133
```

Figure 2-97: Sample Patient List, Chronic Kidney Disease Assessment

2.10.9   Prediabetes/Metabolic Syndrome

Measure Description: Increase the proportion of patients with metabolic syndrome who receive all appropriate assessments.

Denominators:

Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerators:

Patients with Blood Pressure documented at least twice during the Report Period.

Patients with LDL completed, regardless of result, during the Report Period.

Patients with fasting glucose test, regardless of result, during the Report Period.

Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Patients who have been screened for tobacco use during the Report Period.

Patients for whom a BMI could be calculated, including refusals in the past year.

Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.

Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Patients with all screenings (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening).

Logic Description: Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, OR

2. Any three or more of the following occurring during the Report Period except as otherwise noted:

   - BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women,
   - Triglyceride value >=150,
   - HDL value <40 for men or <50 for women,
   - Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85,
   - Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Blood Pressure: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period.

Urine Protein/Microalbuminuria: CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character of result is "P", "p", "M", "m", "L", "l", "S", or "s".
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

End Stage Renal Disease (ESRD): ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride	84478		Yes	DM AUDIT TRIGLYCERIDE TAX
HDL	83718		Yes	DM AUDIT HDL TAX
Fasting Glucose		**V POV:** 790.21	Yes	DM AUDIT FASTING GLUCOSE TAX
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Micro-albuminuria	82043, 82044, 83518, or 84166 AND 81050		Yes	DM AUDIT MICRO-ALBUMINURIA TAX, DM AUDIT A/C RATIO
Urine Protein			Yes	DM AUDIT URINE PROTEIN TAX
Tobacco Screening		**Any health factor for category Tobacco** **V POV or current Active Problem List:** 305.1, 305.1* (old codes), V15.82 **Patient education codes:** containing "TO-" or "-TO" or "-SHS" **Dental code:** 1320		
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	**Provider codes:** 07, 29, 97, 99 **Clinic codes:** 67 (dietary) or 36 (WIC)		
Lifestyle Counseling - Nutrition Education		**V POV:** V65.3 dietary surveillance and counseling **Patient education codes:** ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)).		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Exercise Education		**V POV**: V65.41 exercise counseling **Patient education codes:** ending "-EX" (exercise).		
Lifestyle Counseling - Related Exercise and Nutrition Counseling		**Patient education codes:** ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).		
Depression Screening		**V Exam:** Exam Code 36 **V POV:** V79.0 **BHS Problem Code:** 14.1 (Screening for Depression) **Refusals:** Exam Code 36		
Mood Disorders		**At least 2 visits in PCC or BHS for:** Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		

Key Logic Changes from CRS Version 6.0:

1. Revised Nephropathy Assessment numerator to match Diabetes: Nephropathy Assessment measure (i.e. added CPT codes to microalbuminuria definition and included patients diagnosed with ESRD in numerator [i.e. meeting the measure]).

2. Revised Tobacco Screening numerator to match Tobacco Use and Exposure Assessment measure (i.e. added old codes 305.1* [305.10-305.13] back in for tobacco screening and codes 305.10-305.12 for tobacco users and smokers definition since patients in the baseline year may have been documented with those codes).

Patient List Description: List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.

Measure Source: "IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)"

Measure Target: Others TBD

IHS 2010 target for patients with BP assessed	95.0%

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--------------------------------------------------------------------------------
Prediabetes/Metabolic Syndrome (con't)

                         REPORT    %    PREV YR    %   CHG from  BASE     %   CHG from
                         PERIOD         PERIOD         PREV YR % PERIOD       BASE %

Active Clinical Pts =>18
w/PreDiabetes/
Met Syn                    6              1                        0

# w/BP
 documented                5  83.3       1 100.0    -16.7         0   0.0    +83.3
# w/LDL done               1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/ fasting
 glucose                   4  66.7       0   0.0    +66.7         0   0.0    +66.7
# w/ pos urine protein/any
 microalbuminuria or w/
 ESRD                      5  83.3       0   0.0    +83.3         0   0.0    +83.3
# w/Tobacco Screening
 w/in 1 yr                 1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/BMI calculated
 or refusal                4  66.7       1 100.0    -33.3         0   0.0    +66.7
# w/lifestyle adaptation
 counseling                3  50.0       1 100.0    -50.0         0   0.0    +50.0
# w/Depression screening,
 DX, or refusal            1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/ All
 screenings                1  16.7       0   0.0    +16.7         0   0.0    +16.7

User Pop Pts =>18
w/PreDiabetes/
Met Syn                    6              1                        0

# w/BP
 documented                5  83.3       1 100.0    -16.7         0   0.0    +83.3
# w/LDL done               1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/ fasting
 glucose                   4  66.7       0   0.0    +66.7         0   0.0    +66.7
# w/ pos urine protein/any
 microalbuminuria or w/
 ESRD                      5  83.3       0   0.0    +83.3         0   0.0    +83.3
# w/Tobacco Screening
 w/in 1 yr                 1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/BMI calculated
 or refusal                4  66.7       1 100.0    -33.3         0   0.0    +66.7
# w/lifestyle adaptation
 counseling                3  50.0       1 100.0    -50.0         0   0.0    +50.0
# w/Depression screening,
 DX, or refusal            1  16.7       0   0.0    +16.7         0   0.0    +16.7
# w/ All
 screenings                1  16.7       0   0.0    +16.7         0   0.0    +16.7
```

Figure 2-98: Sample Report, Prediabetes/Metabolic Syndrome

```
Prediabetes/Metabolic Syndrome: List of patients 18 and older with
Prediabetes/Metabolic Syndrome with assessments received, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,JEAN             005875 COMMUNITY #1   F  20  UP;AC 277.7 on 05/03/03;
09/18/03*ALL*  2 BPs;LDL: 11/27/03 137;FG: 11/07/03;POS/M: 09/18/03 ;TOB SCRN:
09/20/03;BMI: ref HT 11/27/03 WT 11/27/03;LIFE: 11/07/03:G0270 MN; DEP SCRN:09/18/03
PATIENT,MARY             005876 COMMUNITY #1   F  31  UP;AC TRIG=150; BP=131/79; FAST
GLUC=107 2 BPs;FG: 08/15/03;POS/M: 08/22/03 SMALL;BMI: 28.47;LIFE: 04/08/03:Prv: 29
PATIENT,LORI             005877 COMMUNITY #1   F  32  UP;AC BMI=51.65; TRIG=150;
HDL=49;BMI: 51.65
PATIENT,LUCINDA          005878 COMMUNITY #1   F  80  UP;AC HDL=49; HTN DX: 10/08/03;
BP=138/71; WC=36 2 BPs;FG: 12/05/03
PATIENT,JOHN             005879 COMMUNITY #1   M  23  UP;AC HTN DX: 07/28/03; FAST
GLUC=125; WC=41 2 BPs;FG: 07/29/03;LIFE: 07/29/03:V65.41 EX
PATIENT,SARA             000250 COMMUNITY #2   F  32  UP;AC BMI=41.29; TRIG=210; HTN
DX: 09/19/03; BP=143/88 2 BPs;POS/M: 09/19/03 medium;BMI: 41.29

Total # of Patients on list: 6
```

Figure 2-99: Sample Patient List, Prediabetes/Metabolic Syndrome

2.10.10 Medications Education

Measure Description: Increase the proportion of patients taking medications who are receiving patient education about their medications. This measure contributes to the IHS national Patient Safety initiative.

Denominators:

Active Clinical patients with medications dispensed at their facility during the Report Period.

All User Population patients with medications dispensed at their facility during the Report Period.

Numerator:

Patients who were provided patient education about their medications in any location.

Logic Description: Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

> **NOTE:** If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerators:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication)
	DMC-IN (Diabetes Medicine - Insulin)
	FP-DPO (Family Planning – Depot Medroxyprogesterone Injections
	FP-OC (Family Planning – Oral Contraceptives)
	FP-TD (Family Planning – Transdermal (Patch))
	ASM-NEB (Asthma – Nebulizer)
	ASM-MDI (Asthma – Metered Dose Inhalers)
	PL-NEB (Pulmonary Disease – Nebulizer)
	PL-MDI (Pulmonary Disease – Metered Dose Inhalers)

Key Logic Changes from CRS Version 6.0:

1. Included M-PRX code by revising logic to check for all codes containing "M-".
2. Added codes: FP-DPO, FP-OC, ASM-NEB, ASM-MDI, PL-NEB, PL-MDI, or FP-TD

Patient List Description: List of patients receiving medications with med education, if any.

Measure Target:

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	95.0%

```
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                Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Medications Education


                   REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                   PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Active Clinical Pts receiving
medications        1,100         1,031                  1,062


# receiving
 medication educ       9   0.8       8   0.8    +0.0        1   0.1    +0.7

User Pop Pts receiving
medications        1,238         1,164                  1,183


# receiving
 medication educ       9   0.7       8   0.7    +0.0        1   0.1    +0.6
```

Figure 2-100: Sample Report, Medications Education

```
Medications Education: List of patients receiving medications with med education, if
any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME           HRN    COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT,ALFRED         004400 COMMUNITY #1   M  65  UP;AC       12/11/03 M-PRX
PATIENT,CARLOS         004001 COMMUNITY #1   M  65  UP;AC       07/18/03 ASM-NEB


PATIENT,JOHNNY         004002 COMMUNITY #1   M  66  UP;AC       12/08/03 TO-M
PATIENT,JERALD         004003 COMMUNITY #1   M  66  UP;AC
PATIENT,DAN            004004 COMMUNITY #1   M  66  UP;AC
PATIENT,DEON           004005 COMMUNITY #1   M  67  UP;AC       02/05/03 HTN-M
```

Figure 2-101: Sample Patient List, Medications Education

2.10.11 Public Health Nursing

Measure Description: During FY 2006, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2005 workload levels.

PATIENT-RELATED MEASURES:

Denominator: All User Population patients.

Numerators: Patients served by PHNs in any setting.

Patients served by a PHN driver/interpreter in any setting.

Patients served by PHNs in Home setting.

Patients served by a PHN/driver/interpreter in Home setting.

VISIT-RELATED MEASURES:

Denominators:

Number of visits by PHNs in any setting, including Home, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

   A: Number of PHN driver/interpreter (provider code 91) visits).

Number of visits by PHNs in Home setting, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

   A: Number of PHN driver/interpreter (provider code 91) visits).

Numerators: No numerator: count of visits only.

Logic Description: PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

Key Logic Changes from CRS Version 6.0: None

Patient List Description: List of patients with PHN visits documented.

Measure Past Performance and Targets:

	All PHN visits	PHN Home visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
IHS 2010 Goal	None currently	None currently

```
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                              DEMO HOSPITAL
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               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------


Public Health Nursing (con't)

                     REPORT   %    PREV YR   %  CHG from  BASE     %  CHG from
                     PERIOD        PERIOD       PREV YR % PERIOD      BASE %

All User Population
patients             2,286        2,260                  2,235

# served by PHNs in
 any Setting          406  17.8    455  20.1   -2.4    493  22.1   -4.3
# served by PHN drivers/
 interpreter - in
 any Setting           67   2.9    163   7.2   -4.3     81   3.6   -0.7
# served by PHNs in
 a Home Setting       215   9.4    220   9.7   -0.3    206   9.2   +0.2
# served by PHN
 drivers/interpreters
 in Home Setting       67   2.9     54   2.4   +0.5     79   3.5   -0.6

Total # PHN Visits -
 Any Setting        1,366        1,707         -341  1,363          +3

A. Ages 0-28 days       0            0          +0        0         +0

B. Ages 29 days -
 12 months            114          183         -69      109         +5

C. Ages 1-64
 years                794          971        -177      714        +80

D. Ages 65+           458          553         -95      540        -82

E. Driver/Interpreter
 visits -
 any setting          238          329         -91      209        +29

Total # PHN Visits -
 Home Setting         808          997        -189      787        +21

A. Ages 0-28 days       0            0          +0        0         +0

B. Ages 29 days-
 12 months             76          116         -40      104        -28

C. Ages 1-64
 years                379          462         -83      334        +45

D. Ages 65+           353          419         -66      349         +4

E. Driver/interpreter
 visits -
 Home Setting         237          215         +22      204        +33
```

Figure 2-102: Sample Report, Public Health Nursing

```
Public Health Nursing:  List of patients with PHN visits documented

Numerator codes in patient list:  All PHN = Number of PHN visits in any
setting; Home = Number of PHN visits in home setting; Driver All = Number
of PHN driver/interpreter visits in any setting; Driver Home = Number of
PHN driver/interpreter visits in home setting.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME              HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------
PATIENT,ADRIENNE         008911 COMMUNITY #1   F  11  UP            4 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,VIRGINIA         008912 COMMUNITY #1   F  12  UP            2 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,MARJORIE         008913 COMMUNITY #1   F  12  UP            2 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,CARMELITA        008914 COMMUNITY #1   F  13  UP            1 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,SALLY            008915 COMMUNITY #1   F  13  UP            2 all PHN; 0 home; 0
driver all; 0 driver home
```

Figure 2-103: Sample Patient List, Public Health Nursing

3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or

               (888) 830-7280

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